	Connecticut	Departmen	t of	Public H	lealth	Dr	inkii	ng W	ater S	ection	
	Water	Quality Mo	nit	oring and	d Com	pli	iance	e Sch	edule		
PWS ID	PWS Name	<u> </u>		0						vner Type Pr	imary Source
CT0610192	LITTLE CITY CAMPGI	ROUND					NC		30	Р	GW
Local Addr	ess (where applicable)			Service	Resident	tial	Comme	ercial I	ndustrial	Combined	Agricultural
733 LITTLE	CITY ROAD			Connections	1						
Towns Serv	ved: HADDAM										
		Mo	nite	oring Requ	iiremei	nts					
Water Sys	stem Facility: DISTRIBU	TION SYSTEM (V	VSF I	D: 00600)							
Total Coli	iform (3100)								1 rc	utine (RT) լ	er quarter
Samp	ling Point (Sampling Point	ID)			Monitorir	ng Pe	eriod	Collect	tion Perio	d Compli	ance Status
Select	from Inventory of Active S	Sampling Points		<u> </u>	10/1/18 -	12/3	31/18			Co	mplete
					4/1/19 -						
					7/1/19 -	9/30)/19				
-	Parameters (PPS)									utine (RT) p	-
	ling Point (Sampling Point				Monitorir			Collect	ion Perio		ance Status
Select	from Inventory of Active S	sampling Points			10/1/18 -					Со	mplete
					4/1/19 -		•				
Matau Cua	ton Facility FNTDV D	DINT MACE ID. 00	700\		7/1/19 -	9/30	0/19				
•	stem Facility: ENTRY PO	UNI (WSFID: 00	700)							/ .	
	nd Nitrite (NOX)	(D)			Manitarin	D	ouio d	Callast		L routine (R	
	<i>ling Point (Sampling Point</i> Y POINT (3)	וטו			Monitorir 1/1/18 - 1			Conect	ion Perio		mplete
LININ	FOINT (3)				1/1/19 - 1			_			inpiete
					1/1/20 - 1						
		Othe	er C	ompliance							
Complianc	e Schedule Activity					Due L			Achieve	d Date	
_	TO SANITARY SURVEY						2012		710111000		
	TO SANITARY SURVEY						2016				
		Public	Not	ification R							
				ompliance	Notice			c Notific	ation	PN Cert	ification
Violation/S	Situation			Period	Tier		Require	_	rformed	Due to DPH	Received
Physical Pa	rameters M&R Violation		4/1,	/04 - 6/30/04	2	1	11/7/20	004		11/17/2004	
	W	ater System F	acili	ity and Sar	npling	Poi	int In	vento	ry		
Water								Total	Lead an	d	
	Water System Facility		Point	Sampling Poi	nt		(Coliform			Stage
Facility ID		ID		Description			Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION			A	Y			
				WITHIN 5 SER			A				
00=5-	ENTRY ROWE	UPSTREA	MA	WITHIN 5 SER		١	A				
	ENTRY POINT	3		ENTRY POINT			Α				
20053	WELL	2		WELL			A				_
			Con	tact Inforr	nation						
l										and the second	

Little City Campground

Job Title

State

 CT

City

Higganum

Emergency Phone Email Address

Zip Code

06441

Organization

Mailing Address Line Two

Mobile Phone

Name

Mr. Al Oktavec

741 Little City Road

Business Phone

Mailing Address Line One

Extension

Fax

C	Connectic	ut Depa	irtme	ent of	Public	Health	Drir	nking	Water	Section	1	
	Wa	ter Qua	lity M	Ionite	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Sou	
CT0610192 L	ITTLE CITY CAN	1PGROUND					N	IC	30	Р	GW	
Local Address (wh	ere applicable)				Service	Residential Co		mmerci	al Industri	al Combin	ed Agricultu	
733 LITTLE CITY RO	3 LITTLE CITY ROAD					nections 1						
Towns Served: HA	DDAM						,		,			
860-345-8469	860-345-8469				860-345-4886							
Contact Role(s):	Legal Contact,	Owner										
Name				Or	Organization				Job Title			
Ms. Cheryl Oktave	ec .			Lit	tle City Cam	pground						
Mailing Address Li	ne One		Mailing	Address	Line Two			City		State	Zip Code	
741 Little City Roa	41 Little City Road							Higgan	um	СТ	06441	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Address	·		
860-345-8469						860-345	-4886					
Contact Role(s):	Administrative	Contact										

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connactic	ut Dans	ustran are to a	f Dukli c	Haaltle	Deinl	- TA7	otor C	ati a	
	Connectic	•							ction	
		ter Quai	ity Monit	oring a		<u> </u>				
PWS ID	PWS Name	00141 11004	D V							Primary Source
CT0610054	BRAINERD MEM	ORIAL LIBRA	RY	6 .		NC		25	L	GW
	where applicable)			Service Connection	Resident			ndustrial	Combined	l Agricultural
920 SAYBROOK Towns Served:				Connection	13	1	L			
Towns Serveur	117,007,111		Monit	oring Rec	uiremei	nts				
Water System	n Facility: DISTR	IBUTION SY								
Total Colifor	m (3100)							1 rou	tine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitorii	ng Period	Collect	ion Period		iance Status
Select fro	m Inventory of Act	ive Sampling	Points		10/1/18 -	12/31/18			Co	omplete
					1/1/19 -	3/31/19			Co	omplete
					4/1/19 -	6/30/19				
					7/1/19 -	9/30/19				
	meters (PPS)									per quarter
	Point (Sampling P				Monitorii	_	Collect	ion Period		iance Status
Select fro	m Inventory of Act	ive Sampling	Points		10/1/18 -					omplete
					1/1/19 -				Co	omplete
					4/1/19 -					
Matax Custon	- Facility - FAITD	V DOINT (M	(CE ID: 00700\		7/1/19 -	9/30/19				
•	Facility: ENTRY	T POINT (W	3F ID: 00/00)					1.		DT\ man
	Nitrite (NOX) Point (Sampling P	oint ID)			Monitorii	na Period	Collect	ا د ion Period	-	RT) per year liance Status
ENTRY PO		ome ibj			1/1/18 - 3	_	Conce	ion i criou		omplete
LIVINIFO	1141 (3)				1/1/19 - 1					omplete
					1/1/20 - 1					ompiete
			Other C	ompliand						
Compliance Sc	hedule Activity					Due Date		Achieved I	Date	
-	ANITARY SURVEY				9	/21/2016				
		Water Sv	stem Facil	itv and Sa	ampling	Point Ir	vento	rv		
Water					1 0		Total	Lead and		
System Wat	ter System Facility	S	Sampling Point	Sampling P	oint		Coliform	Copper		Stage
Facility ID			ID	Description	1	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	Α	Υ			
		[DOWNSTREAM	WITHIN 5 S	ERVICE CON	I A				
			UPSTREAM	WITHIN 5 S	ERVICE CON	I A				
	RY POINT		3	ENTRY POI	NT	Α				
21027 WEI	<u>.L</u>		2	WELL		A				
			Con	tact Info	rmation					
Name			0	rganization					Job Title	
Haddam			n a -11:						CI :	7: 0 !
Mailing Addres	s Line One		Mailing Addres	s Line Two			С	ity	State	Zip Code
Business Pho	ne Extension	Fax	Mobi	ile Phone	Emergency	Phone Em	nail Addre	SS		

Contact Role(s): Owner

Co	onnectic	ut Depa	rtme	nt of	Public	Health	Drir	iking	Water	Sec	tion	
	Wat	ter Qua	lity M	lonit	oring a	nd Con	nplia	nce S	chedul	le		
PWS ID PV	VS Name									_	r Type [Primary Source
CT0610054 BR	AINERD MEM	ORIAL LIBRA	ARY				N	С	25	L	-	GW
Local Address (whe	re applicable)				Service	Resider	ntial Co	mmercial Industri		al Co	ombined	d Agricultura
920 SAYBROOK ROA	AD.				Connectio	ons		1				
Towns Served: HAD	DAM				-							
Name				Or	ganization					J	ob Title	
Ms. Lizz Milardo				Br	Brainerd Memorial Library				First Selec	ctman		
Mailing Address Lin	e One		Mailing	Address	Line Two			City			State	Zip Code
30 Field Park Drive								Haddam CT 0643			06438	
Business Phone Extension Fax N				Mobil	le Phone	Emergency	/ Phone	e Email Address				
860-345-8531 860-345-3730								firstsele	ectman@ha	ddam.	org	
Contact Role(s): A	dministrative	Contact, Ow	ner									
Name				Or	ganization					J	ob Title	
Mr. Thomas Piezzo				Br	ainerd Mer	norial Librar	У		Director			
Mailing Address Lin	e One		Mailing	Address	ress Line Two			City			State	Zip Code
920 Saybrook Road								Haddar	n		CT	06438
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	/ Phone	Email A	ddress			
860-345-2204		860-345-	7735					tpiezzo@brainerdlibrary.org				
Contact Role(s): Le	gal Contact											
Name				Or	ganization					J	ob Title	
Ms. Marijean Conr	ad			Br	ainerd Mer	morial Librar	У					
Mailing Address Line One Mailing Add					s Line Two				City		State	Zip Code
920 Saybrook Road								Haddam CT			06438	
Business Phone Extension Fax Mo				Mobil	le Phone	Emergency	/ Phone	Email Address				
860-345-2204		860-345-	7735					conrad	marijean@{	gmail.co	om	
Contact Role(s): Le	gal Contact											

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

	Connecticut Department	of Public H	eaith	וט	rinking	, water	Section	
	Water Quality Mor	nitoring and	d Com	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0610074 CAMP BETHEL					NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultural
124 CAMP BETHEL ROAD Connections					78			
Towns Served: H	HADDAM							

Towns Served: HADDAM			
Monito	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF IE	D: 00600)		
Total Coliform (3100)		2 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		2 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - WEST (WSF ID:	00700)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3-WEST)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: ENTRY POINT - EAST (WSF ID: 0	00701)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - EAST (3-EAST)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Co	ompliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
SEASONAL START UP COMPLETION	4/1/2019		
RESPOND TO SANITARY SURVEY	4/27/2019		
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	7/26/2019		

Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
SEASONAL START UP COMPLETION	4/1/2019		
RESPOND TO SANITARY SURVEY	4/27/2019		
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	7/26/2019		
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	7/26/2019		

Public Notification Requirements										
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
REVISED TOTAL COLIFORM RULE (RTCR)	4/23/17 - 4/25/17	3	10/13/2018		10/23/2018					
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	11/13/2019	1/31/2019	11/23/2019	1/31/2019				
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	11/20/2019	1/31/2019	11/30/2019	1/31/2019				

	W	ater System Facili	ty and Sampling i	oint ii	nventoi	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4-EAST	DISTRIBUTION SYSTEM	Α	Υ				
		4-WEST	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
l .									

	Connecticut Department of Water Quality Monitor				U				
PWS ID		ornig and	a Gon	1			Owner Type	Dring	2501500
	PWS Name			Cla	SSIIICation	Population	Owner Type	PHIIII	ary source
CT0610074	CAMP BETHEL				NC	25	Р		GW
Local Address	(where applicable)	Service	Residen	tial	Commercia	al Industri	al Combine	ed A	gricultural
124 CAMP BET	THEL ROAD	Connections			78				

78

124 CAMP BETHEL ROAD Towns Served: HADDAM

	Water	System Facili	ity and Sampling P	oint Ir	nventoi	у			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - WEST	3-WEST	ENTRY POINT	Α					
00701	ENTRY POINT - EAST	3-EAST	ENTRY POINT - EAST	Α					
21029	WELL WEST	2	WELL	Α					
22844	WELL EAST	2	WELL 2	Α					
61271	ATMOSPHERIC TANKS (WEST WELL)								
61272	ATMOSPHERIC TANKS (EAST WELL)								

			(Contact Inf	ormation					
Name				Organization	1	Job Title				
Mr. Stephen Gepha	ard			Camp Bethe	Association, Inc.		Chairman Env. Comm.			
Mailing Address Lin	e One		Mailing Ad	dress Line Two	ress Line Two			State	Zip Code	
18 Highland Terrace	8 Highland Terrace					Ivoryton	l	СТ	06442	
Business Phone Extension Fax N				Nobile Phone	Emergency Phone	Email Ad	Email Address			
860-966-9344 860-434-6150				860-360-3838	STEVE.G	EPHARD@P	O.STATE.CT.U	JS		
Contact Role(s): A	dministrative	Contact	,							
Name				Organization			Job Title			
Camp Bethel Assoc	iation, Inc.									
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City		State	Zip Code	
124 Camp Bethel Road						Haddam	1	СТ	06438	
Business Phone Extension Fax M				/lobile Phone	e Phone Emergency Phone		Email Address			
860-345-2290										

Contact Role(s): Legal Contact, Owner Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	[ealth	Dr	inkii	ng V	Vater	· Se	ction		
		uality Monit								001011		
PWS ID	PWS Name	juditly 14101111	oring and	u don	_				_	ner Type	Prima	ary Sourc
CT0610094	VESELAK LLC					NC		31		Р		GW
Local Address	s (where applicable)		Service	Residen	tial	Comme	rcial	Industr	ial	Combine	ed A	gricultura
1618 SAYBRO			Connections			4						<u> </u>
Towns Served	d: HADDAM			<u>I</u>								
		Monito	oring Requ	iireme	nts							
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Colifo	orm (3100)							:	1 rou	ıtine (R1) per	quarter
Samplin	ng Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ection Pe	riod	Com	pliand	e Status
Select fr	om Inventory of Active Sam	pling Points		10/1/18 -	12/3	1/18					Comp	lete
				1/1/19 -	3/31	/19					Comp	lete
				4/1/19 -	6/30	/19						
				7/1/19 -	9/30	/19						
-	rameters (PPS)							;	1 rou	=		quarter
	g Point (Sampling Point ID)			Monitori			Colle	ection Pe	riod			e Status
Select fr	rom Inventory of Active Sam	pling Points		10/1/18 -	-						Comp	
				1/1/19 -							Comp	lete
				4/1/19 -								
				7/1/19 -	9/30	/19						
-	em Facility: ENTRY POIN	T (WSF ID: 00700)										
	d Nitrite (NOX)											per year
_	ng Point (Sampling Point ID)			Monitori			Colle	ection Pe	riod			e Status
ENTRY P	POINT (3)			1/1/18 -							Comp	lete
				1/1/19 -								
	- III			1/1/20 -	12/3	1/20						
-	em Facility: WELL (WSF	ID: 21031)										
E. Coli (301							. "			_		quarter
_	ng Point (Sampling Point ID)			Monitori			Colle	ection Pe	erioa			e Status
WELL (2)			10/1/18 -							Comp	
				1/1/19 - 4/1/19 -							Comp	iete
				7/1/19 -	-	-						
	Moto	r System Fasili	ity and Car		•	_	10 mt	0 KV /				
Mateu	vvate	er System Facili	ity aliu Sai	npinig	PUI	וונ וווי						
	ater System Facility	Sampling Point		nt		(Total Colifor	т Сор	per			Stage
Facility ID		ID	Description		5	tatus	Rule	Rule	Tier	Asbesto	os W	QP 2 DBP
00600 DI	STRIBUTION SYSTEM	101A	DELI SINK			Α	Υ					
		101B	BATHROOM			Α	Υ					
		101C	SLOP SINK			Α						
		102A	BATHROOM			Α	Υ					
		102B	SLOP SINK			Α						
		103	BATHROOM			Α						
		104	BATHROOM			Α						
		4	DISTRIBUTION	N SYSTEM	l	Α	Υ					

WITHIN 5 SERVICE CON

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DOWNSTREAM WITHIN 5 SERVICE CON

UPSTREAM

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

		 	<u> </u>						
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0610094	VESELAK LLC					NC	31	Р	GW
Local Address (\	where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
1618 SAYBROO	K ROAD		Connections			4			

Towns Served: HADDAM

	Wa	ater System Facili	ity and Samplin	ng Point Ir	ivento	ry			
Water System Facility ID		Sampling Point ID	Sampling Point Description	Status	5.1	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α					
21031	WELL	2	WELL	Α					
60023	TREATMENT PLANT								

Contact Information												
Name				Organization		Job Title						
Mr. Edward J. Vese	lak, Jr.	Veselak, LLC			Manager							
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
109 Scholman-Vese	lak Rd					East Hac	ldam	СТ	06423			
Business Phone Extension Fax M		bile Phone	Emergency Phone	Email Ac	ldress							
860-873-9888			860	0-301-2300								

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

	Co	nnectic	ut Depar	tment c	f Public	Health I	Orin	king \	Water	Sec	ction	
		Wa	ter Quali	ty Moni	toring a	nd Com	olia	nce So	chedul	e		
PWS ID	PW	/S Name				C	lassifi	cation P	opulation	Owne	er Type Pi	rimary Source
CT061018	4 HA	DDAM MEAD	OWS S.P.				N	С	780		S	GW
Local Addr	ress (whe	re applicable)			Service	Residentia	al Cor	mmercial	Industria	al C	Combined	Agricultural
ROUTE 154	4 HADDA	M			Connection	ns 1						
Towns Ser	rved: HAD	DAM				1	'		,	·		
				Moni	toring Red	quiremen	ts					
Water Sys	stem Fac	ility: DISTR	IBUTION SYS	TEM (WSF	ID: 00600)							
Total Col	liform (3	3100)							1	rout	ine (RT) ا	per quarter
Samp	pling Poin	t (Sampling P	oint ID)			Monitoring	y Perio	od Col	lection Per	iod	Compli	ance Status
Selec	ct from Inv	entory of Act	ive Sampling P	oints		4/1/19 - 6	/30/19	9				
						7/1/19 - 9	/30/19	9				
Physical	Paramet	ers (PPS)							1	rout	ine (RT) _I	per quarter
Samp	pling Poin	t (Sampling P	oint ID)			Monitoring	y Perio	od Col	lection Per	iod	Compli	ance Status
Selec	t from Inv	entory of Act	ive Sampling P	oints		4/1/19 - 6	/30/19	9				
						7/1/19 - 9	/30/19	9				
Water Sys	stem Fac	ility: ENTR	Y POINT (WS	SF ID: 00700	0)							
Nitrate A	And Nitri	te (NOX)								1 r	outine (R	T) per year
		t (Sampling P	oint ID)			Monitoring	, Perio	od Col	lection Per			ance Status
ENTR	RY POINT (3)				1/1/18 - 12	2/31/1	.8				mplete
		·				1/1/19 - 12						
						1/1/20 - 12	2/31/2	10				
				Other (Complian	ce Schedu	les					
Compliand	ce Schedu	le Activity			•		ıe Dat	e	Achie	ved D	ate	
-		P COMPLETIO	N			4/	1/201	9				
			Water Sys	stem Faci	lity and S				tory			
Water								Tota	al Lead	and		
System	Water Sy	stem Facility	Sa	ampling Poin	t Sampling F	Point		Colifo	rm Copp	er		Stage
Facility ID)			ID	Description	n	Sta	tus Rul	e Rule	Tier	Asbestos	WQP 2 DBPF
00600	DISTRIBU	JTION SYSTEM	1	4	DISTRIBUTI	ION SYSTEM	А	. Y				
			D	OWNSTREAM	M WITHIN 5 S	SERVICE CON	А	١				
				UPSTREAM	WITHIN 5 S	SERVICE CON	Α	1				
00700	ENTRY P	TNIC		3	ENTRY POI	NT	А					
21037	WELL			2	WELL		А	\				
				Со	ntact Info	rmation						
Name					Organization						Job Title	
Mr. David	Cooley				Deep-Enginee	ring Unit			Supv Civil	Engin	ieer	
Mailing Ad	ddress Lin	e One	N	Nailing Addre	ess Line Two				City		State	Zip Code
163 Great								Portland			СТ	06480
Business	s Phone	Extension	Fax	Mol	bile Phone	Emergency P	hone	Email Ad	dress		1	

860-424-3333

david.cooley@ct.gov

860-205-7552

860-344-2560

Contact Role(s): Administrative Contact, Legal Contact, Owner

860-342-2215

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Traiter & didinity 1 1011110	0. 0011	TP TICHTIOU	901100101			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0610184	HADDAM MEADOWS S.P.			NC	780	S	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	ial Combine	ed Agricultural
ROUTE 154 HAD	Connections	1					

Towns Served: HADDAM

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Carrantina		- CD ll: T	r141 - r	V .			Y1.		
	Connecticut De	partment (uality Mon				$\overline{}$				
DIAIC ID		uality Moli	normg am							
PWS ID	PWS Name			C	lassificatio			wner Type Pr		
CT0610194	HADDAM NECK CONGRE	GATIONAL CHUR		5 11 11	NC		25	Р	GW	
-	where applicable)		Service Connections	Residentia		rcial	ndustrial	Combined	Agricultura	
408 QUARRY HI			Connections		1					
Towns Served: I	HADDAM	Man	itorina Don	.:	-					
Water System	Facility: DISTRIBUTIO		itoring Requ	iiremen	is					
Total Coliforn	•	1431312101 (443)	10.0000,				1 r	outine (RT) p	er quarter	
	Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio		ance Status	
	n Inventory of Active Samp	ling Points		10/1/18 - 12				-	mplete	
20.000		8		1/1/19 - 3/					mplete	
				4/1/19 - 6/					1	
				7/1/19 - 9/						
Physical Para	meters (PPS)				<u> </u>		1 r	outine (RT) բ	er quarter	
•	Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio		ance Status	
Select from	n Inventory of Active Samp	ling Points		10/1/18 - 12	2/31/18			Co	mplete	
	· · · · · · · · · · · · · · · · · · ·			1/1/19 - 3,	/31/19			Со	mplete	
-			4/1/19 - 6,	/30/19						
				7/1/19 - 9,	/30/19					
Water System	Facility: ENTRY POINT	(WSF ID: 0070	0)							
Nitrate And N	litrite (NOX)							1 routine (R	T) per year	
	Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio	-	ance Status	
ENTRY POI	NT (3)			1/1/18 - 12	/31/18			Co	mplete	
				1/1/19 - 12	/31/19			Co	mplete	
				1/1/20 - 12	/31/20					
		Other	Compliance	Schedu	les					
Compliance Sch	edule Activity			Du	e Date		Achieve	d Date		
RESPOND TO SA	ANITARY SURVEY			2/!	5/2006					
		Public No	otification R	equiren	nents					
			Compliance	Notice	Public	Notific	<u>ation</u>	PN Cert	<u>ification</u>	
Violation/Situa	tion		Period	Tier	Require		rformed	Due to DPH	Received	
Total Coliform N	M&R Violation	3,	/1/05 - 3/31/05	2	8/26/20	05		9/5/2005		
Total Coliform N	M&R Violation	2,	/1/05 - 2/28/05	2	8/26/2005			9/5/2005		
Total Coliform N	M&R Violation	1,	/1/05 - 1/31/05	2	8/26/2005			9/5/2005		
Total Coliform N	√A&R Violation	4,	/1/06 - 6/30/06	2	9/17/20	06		9/27/2006		
Physical Parame	eters M&R Violation	4,	/1/05 - 6/30/05	3	10/18/20	006		10/28/2006		
	Wate	r System Fac	ility and Sar	mpling P	oint Inv	vento	ry			
Water						Total	Lead ar	nd		
•	er System Facility		nt Sampling Poi	nt	(Coliform			Stage	
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBP	

ENTRY POINT

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

UPSTREAM

3

2

DISTRIBUTION SYSTEM

WITHIN 5 SERVICE CON

Α

Α

Α

Α

Α

Υ

00600 DISTRIBUTION SYSTEM

00700 ENTRY POINT

WELL

21038

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0610194	HADDAM NECK CONGREGATIONAL CHURCH				NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
408 QUARRY HI	LL ROAD	Connections			1			

Towns Served: HADDAM

Contact Information												
	Organization			Job Title								
	Haddam Ned	k Congreg'l Church		Minister								
Mailing Add	ress Line Two			City	State	Zip Code						
			Haddam	Neck	СТ	06424						
c M	obile Phone	Emergency Phone	Email Address									
86	50-301-4124	860-267-4255	james40									
	Mailing Add	Organization Haddam Nec Mailing Address Line Two	Organization Haddam Neck Congreg'l Church Mailing Address Line Two Mobile Phone Emergency Phone	Organization Haddam Neck Congreg'l Church Mailing Address Line Two Haddam Mobile Phone Emergency Phone Email Ac	Organization Haddam Neck Congreg'l Church Minister Mailing Address Line Two City Haddam Neck x Mobile Phone Emergency Phone Email Address	Organization Haddam Neck Congreg'l Church Minister Mailing Address Line Two City Haddam Neck CT Mobile Phone Emergency Phone Email Address						

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	onnectic	ut Depa	rtme	ent of	f Public	Health	D	rinkin	g W	ater	Se	ction		
		Wa	ter Qua	lity N	Ionit	oring ar	nd Con	npl	liance	Sch	edul	e			
PWS ID	PV	VS Name							ssification				ner Type	Pri	mary Source
CT0610254	HI	GGANUM COI	NGREGATIO	NAL CHU	JRCH				NC		25		Р		GW
Local Addre	ess (whe	re applicable)				Service	Residen	tial	Commer	cial I	ndustri	al	Combin	ed	Agricultural
340 SAYBRO	OOK RO	AD.				Connection	S		1						
Towns Serv	ed: HAD	DAM					'			'		,			
				N	/lonite	oring Req	uireme	nts	5						
Water Syst	tem Fa	cility: DISTR	IBUTION S	YSTEM	(WSF I	D: 00600)									
Total Coli	form (3100)									1	rou	itine (R	Г) р	er quarter
Sampl	ing Poin	t (Sampling P	oint ID)				Monitori	ng F	Period	Collec	tion Pe	riod	Com	plia	nce Status
Select	from In	ventory of Act	ive Sampling	Points			10/1/18 -	12/	/31/18					Con	nplete
							1/1/19 -	3/3	31/19					Con	nplete
							4/1/19 -	6/3	80/19						
							7/1/19 -	9/3	80/19						
Physical P	Parame	ters (PPS)									1	rou	itine (R	Г) р	er quarter
Sampl	ing Poin	t (Sampling P	oint ID)				Monitori	ng F	Period	Collec	tion Pe	riod	Com	plia	nce Status
Select	from In	ventory of Act	ive Sampling	Points			10/1/18 -	12/	/31/18					Con	nplete
							1/1/19 -	3/3	31/19					Con	nplete
							4/1/19 -	6/3	80/19						
							7/1/19 -	9/3	80/19						
Water Syst	tem Fac	cility: ENTR	Y POINT (V	VSF ID:	00700)										
Nitrate Ar	nd Nitri	te (NOX)										1	routine	(RT) per year
Sampl	ling Poin	t (Sampling P	oint ID)				Monitori	ng F	Period	Collec	tion Pe	riod	Com	plia	nce Status
ENTRY	POINT	(3)					1/1/18 -	12/3	31/18					Con	nplete
							1/1/19 -	12/3	31/19					Con	nplete
							1/1/20 -	12/3	31/20						
			Water S	ystem	Facili	ity and Sa	mpling	Po	int Inv	ento	ry				
Water											Lead				
_	Water S	ystem Facility			_	Sampling Po	oint		Co		Cop				Stage
Facility ID				II		Description			Status	Rule	Rule	Tier	Asbest	os l	VQP 2 DBPR
00600	DISTRIB	JTION SYSTEM	1	2		DISTRIBUTIO			Α	Υ					
						WITHIN 5 SE			Α						
				UPSTI	REAM	WITHIN 5 SE	RVICE COI	V	Α						
00700 E	ENTRY P	OINT		3	3	ENTRY POIN	IT		Α						
21044 \	WELL			2	2	WELL			Α						
					Con	itact Info	rmation	1							
Name					0	rganization							Job Titl	e	
Mr. Brian E	. Thaye	•			Hi	igganum Con	g. Church			Ch	air of T	ruste	ees		
Mailing Add	dress Lin	e One		Mailing	Addres	s Line Two				C	City		State		Zip Code
108 Christia	an Hill Ro	oad							Higga	anum			СТ		06441
Business I	Phone	Extension	Fax		Mobi	ile Phone	Emergency	Pho	one Emai	Addre	ess				

blajthayer@sbcglobal.net

860-301-3043

860-345-3503

Contact Role(s): Administrative Contact

	Connecticu	ıt Depa	irtment of	f Public	Health	ı Drir	ıking	Water	Section	
	Wat	er Qua	lity Monit	coring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0610254	HIGGANUM CON	GREGATIO	25	Р	GW					
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
340 SAYBROOK R	OAD			Connection	ıs		1			
Towns Served: H	ADDAM					,				
Name			0	rganization					Job Titl	e
Mr. Sam Crum			Н	igganum Con	gregationa	al Churcl	h	Board of	Finance	
Mailing Address I	Line One		Mailing Addres	s Line Two				City	State	Zip Code
Higganum Congre	egational Church		23 Parsonage F	Road			Higgan	um	СТ	06441
Business Phone	e Extension	Fax	Mob	ile Phone	Emergenc	y Phone	Email A	Address		
860-345-4304										
Contact Role(s):	Legal Contact									

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department o Water Quality Monit				_			
PWS ID	PWS Name							Primary Source
CT0610294	HIGGIES FOOD AND ICE CREAM, LLC			NC		25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industria	al Combine	ed Agricultural
236 SAYBROOK	ROAD			1				
Towns Served:	HADDAM	•						,

Towns Served: HADDAM			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quartei
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19	4/1-9/30	
	1/1/20 - 12/31/20	4/1-9/30	
Other Comp	oliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	10/1/2010		
RESPOND TO SANITARY SURVEY	6/1/2016		
SEASONAL START UP CERTIFICATION	4/1/2018		
SEASONAL START UP COMPLETION	4/1/2018		
SEASONAL START UP COMPLETION	4/1/2019		

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/18 -	2	6/29/2018		7/9/2018						
REVISED TOTAL COLIFORM RULE (RTCR)	4/2/18 -	3	6/1/2019		6/11/2019						

	Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21048	WELL	2	WELL	Α					
57242	PRESSURE STORAGE								

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0610294	HIGGIES FOOD AND ICE CREAM, LLC			NC	25	Р	GW
Local Address (vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
236 SAYBROOK	ROAD	Connections		1			

Towns Served: HADDAM

			C	ontact Inf	ormation				
Name	ame				1		Job Title		
Ms. Carol Still				Higgies Food	& Ice Cream, LLC	C	Owner		
Mailing Address Line One Mailing Add				ress Line Two			City	State	Zip Code
15 Hope Valley Roa	d					Amston		СТ	06231
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Add	ress		
860-345-7777					860-228-6804	dclostl4@	aol.com		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	C	onnecticut Dep					_				1	
		Water Qu	ality Monit	oring and	d Con	nplia	ance S	Sche	<u>edule</u>			
PWS ID	P۱	VS Name				Classi	fication	Popu	lation O	wner Typ	e Pr	mary Source
СТ061030	04 G	AS PLUS				1	NC	3	30	Р		GW
Local Add	dress (whe	ere applicable)		Service	Residen	itial Co	ommerci	al In	dustrial	Combin	ned	Agricultural
210 SAYB	ROOK RO	AD		Connections			1					
Towns Se	rved: HAI	DDAM										
			Monito	oring Requ	ireme	nts						
Water Sy	ystem Fa	cility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
	oliform (•							1 r	=		er quarter
		nt (Sampling Point ID)			Monitori			ollect	ion Perio	od Con		ince Status
Sele	ct from In	ventory of Active Sampli	ng Points	:	10/1/18 -							nplete
					1/1/19 -						Cor	nplete
					4/1/19 -							
					7/1/19 -	- 9/30/	19					
_		ters (PPS)				_				-		er quarter
		nt (Sampling Point ID)			Monitori			ollect	ion Perio	od Con		ince Status
Sele	ct from In	ventory of Active Sampli	ng Points		10/1/18 -							nplete
					1/1/19 -						Cor	nplete
					4/1/19 -							
		****	(11157.17. 00700)		7/1/19 -	- 9/30/	19					
	•	cility: ENTRY POINT	(WSF ID: 00700)								/	
		ite (NOX)			0.4 i	ina Dau	.: - d	- 114			-	Γ) per year
		nt (Sampling Point ID)			Monitori			onecti	ion Perio	oa Con		ince Status
ENTI	RY POINT	(3)			1/1/18 - 1/1/19 -							nplete nplete
					1/1/19 -						COI	пріесе
			Other Co	ompliance								
Complian	nce Sched	ule Activity		omphanec		Due Do			Achieve	ed Date		
•		TARY SURVEY				4/5/20			3/21/			
NEST STEE	7 10 37 11 11		System Facili	ty and Sar				ntoi		2013		
Water		Water		cy and sar	b8			otal	Lead ar	nd		
System	Water S	ystem Facility	Sampling Point	Sampling Poi	nt			form	Coppe			Stage
Facility IL		,	ID	Description		St		ule			tos	WQP 2 DBPR
00600		UTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ				
			DOWNSTREAM				Α					
			UPSTREAM	WITHIN 5 SER	VICE COI	N	Α					
00700	ENTRY F	POINT	3	ENTRY POINT			A					
21049	WELL		2	WELL			Α					
			Con	tact Inforr	mation	1						
Name			Or	ganization						Job Tit	tle	
	ard Gosse	lin		as Plus				Ow	ner			
Mailing A	ddress Lir	ne One	Mailing Address	s Line Two				Ci	ity	State	ة	Zip Code
210 Saybı	rook Road	I					Higgan	um		СТ		06441
-			· · · · · · · · · · · · · · · · · · ·							-		

Mobile Phone

Business Phone

860-345-3174

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Emergency Phone | Email Address

	Connecticu	t Depa	irtment c	of Public	Health	Drin	nking	Water	Section	
	Wate	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0610304	GAS PLUS					N	IC	30	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
210 SAYBROOK R	OAD			Connection	ns		1			
Towns Served: H	ADDAM					,				
Name			(Organization					Job Titl	e
Mr. Mustafa Aya	Z			Gas Plus				Owner		
Mailing Address I	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
210 Saybrook Ro	ad						Higgan	um	СТ	06441
Business Phone	e Extension	Fax	Mol	bile Phone	Emergenc	y Phone	Email A	Address	,	
860-345-3174										
Contact Role(s):	Owner		1							

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of	Public H	ealth	Dı	rinking	Water	Section			
	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e			
PWS ID PWS Name Classification Population Owner Type Primary Source										
CT0610324	40 SAYBROOK ROAD				NC	27	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
40 SAYBROOK R	OAD	Connections	2		1					
Towns Served: HADDAM										
	Monito	ring Pogu	iromo	ntc						

ivir. Jeffre	ey L. Schultz					Co-Owner		
Name	and Cabrilla		Organization			Co. O	Job Title	
			Contact Infor	mation				
57224	PRESSURE STORAGE							
21051	WELL	2	WELL		Α			
00700	ENTRY POINT	3	ENTRY POIN	Γ	A			
		UPSTREA			Α			
			REAM WITHIN 5 SE		Α			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ		
Facility ID		ID	Description		Status Ri	ule Rule Ti	er Asbestos	WQP 2 DBPR
System	Water System Facility	Sampling I	Point Sampling Po	int		form Coppe		Stage
Water				1		tal Lead an	nd	
	Wate	r System F	acility and Sa	mpling P	oint Inve	ntory		
E. Coli			4/1/16 - 6/30/16	3	11/7/2017		11/17/2017	
Violation,	/Situation		Period	Tier	Required	Performed	Due to DPH	Received
		1 35110	Compliance	Notice		<u>etification</u>	PNI Cert	<u>ification</u>
		Public	Notification I					
				1/1/20 - 12				
2,411	5 (5)			1/1/19 - 12				
	RY POINT (3)			1/1/18 - 12,		meetion reno		mplete
	And Nitrite (NOX) pling Point (Sampling Point ID)			Monitoring	Period Co	ollection Perio	•	ance Status
•	And Nitrite (NOX)	1 (WSF 1D. 00	7001				1 routine (R	T) ner vear
Water Su	ystem Facility: ENTRY POIN	T (WSF ID: 00	1700)	// 1/ 13 - 9/	JU/ 13			
				7/1/19 - 9/			CO	inhiere
				1/1/19 - 3/ 4/1/19 - 6/				mplete mplete
Selec	ct from Inventory of Active Sam	pling Points		10/1/18 - 12				mplete
	pling Point (Sampling Point ID)	nling Doints		Monitoring		ollection Perio		ance Status
-	Parameters (PPS)			0.0	Deute de C		outine (RT) p	•
				7/1/19 - 9/	30/19			
				4/1/19 - 6/			Co	mplete
				1/1/19 - 3/	31/19		Co	mplete
Seled	ct from Inventory of Active Sam	pling Points		10/1/18 - 12	2/31/18		Co	mplete
	pling Point (Sampling Point ID)			Monitoring	Period Co	ollection Perio		ance Status
	oliform (3100)	•				1 r	outine (RT) p	er quarter
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (V	VSF ID: 00600)					
		Mo	onitoring Req	uirement	S			
Towns Se	rved: HADDAM		'					
40 SAYBR	OOK ROAD		Connections	2	1			
Local Add	lress (where applicable)		Service	Residentia	l Commercia	l Industrial	Combined	Agricultural

Contact Information										
Name				Organization			Job Title			
Mr. Jeffrey L. Schultz							Co-Owner			
Mailing Address Line One Mailing Addr			ess Line Two		City		State	Zip Code		
297 Farm Hill Road			Middletown CT			СТ	06457			
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	e Email Address				
860-965-1803					860-965-1866	jlonschultz@yahoo.com				

	Connecticut Department of Public Health Drinking Water Section											
	Wat	ter Qua	lity Moni	itoring a	nd Con	npli	ance S	Schedul	le			
PWS ID	PWS Name					Classification I		Population	Owner Type	Primary Source		
CT0610324	40 SAYBROOK R	OAD					NC	27	Р	GW		
Local Address (w	Local Address (where applicable)			Service	Residen	itial (Commerci	al Industri	al Combin	ed Agricultural		
40 SAYBROOK ROAD				Connection	15 2	1						
Towns Served: H	ADDAM					<u> </u>		'				
Contact Role(s):	Administrative	Contact, Leg	al Contact, Ov	vner								
Name			1	Organization				Job Title				
Ms. Jody A. Schu	ıltz							Co-Owne	r			
Mailing Address	Line One		Mailing Addre	ess Line Two				City		Zip Code		
40 Saybrook Rd							Hadda	m	СТ	06438		
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	/ Phor	ne Email A	ail Address				
860-965-1866	i				860-965-	-1803	jody.sc	ly.schultz@snet.net				
Contact Role(s):	Owner		·									

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0610344	THE BLUE OAR			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combin	ed Agricultural
11 HADDAM D	OCK ROAD	Connections		1			

Towns Served: HADDAM

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Compl	iance Schedules		

ouner c	omphanice seriedaies		
Compliance Schedule Activity	Due Date	Achieved Date	
RESPOND TO SANITARY SURVEY	5/28/2017		
SEASONAL START UP CERTIFICATION	5/1/2018		
SEASONAL START UP COMPLETION	5/1/2018		

SEASONAL START UP COMPLETION 5/1/2019

Public Notification Requirements											
	Compliance	Notice	Public Notification		PN Certij	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/2/17 - 6/7/17	2	7/30/2017		8/9/2017						
REVISED TOTAL COLIFORM RULE (RTCR)	5/2/18 -	3	7/18/2018		7/28/2018						
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/2/18 -	2	7/18/2018		7/28/2018						
REVISED TOTAL COLIFORM RULE (RTCR)	5/2/17 - 6/7/17	3	10/13/2018		10/23/2018						
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	9/10/2019		9/20/2019						
Total Coliform M&R Violation	5/1/18 - 5/31/18	3	9/10/2019		9/20/2019						

Water				Total	Lead and	
System	Water System Facility	Sampling Point	Sampling Point	Coliforn	n Copper	Stage
Facility ID		ID	Description	Status Rule	Rule Tier	Asbestos WQP 2 DBPR

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					sification	Population	Owner Type	Primary Source			
CT0610344	THE BLUE OAR				NC	25	Р	GW			
Local Address (w	Service	Residen	sidential Commerc		al Industri	al Combine	ed Agricultural				
11 HADDAM DO	Connections			1							

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21053	WELL	2	WELL	Α								

			Contact Info	ormation					
Name			Organization				Job Title		
The Davidson Comp	pany								
Mailing Address Lin	e One		Mailing Address Line Two		City	State	Zip Code		
11 Haddam Dock Ro	Haddam Dock Road						СТ	06438	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ac	ddress			
860-345-4330									
Contact Role(s): O	wner								
Name			Organization	Job Title					
Mr. Scott Davidson			The Davidsor	n Company, LLC					
Mailing Address Lin	e One		Mailing Address Line Two		City	State	Zip Code		
11 Haddam Dock Ro	oad				Haddam		СТ	06438	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ac	ldress			
860-510-2480					damarlto	d@sbcgloba	l.net		
Contact Role(s): A	dministrative	Contact							
Name			Organization				Job Title		
Ms. Nancy S Davids	son		Davidson & C	Company LLC		Director			
Mailing Address Lin	e One		Mailing Address Line Two			City	State	Zip Code	
115 E 23Rd St 12 Fl					New Yor	·k,	NY	10001	
Business Phone	hone Extension Fax Mobile Phone Emergency Phone Email Address		ddress						

Please note the following:

Towns Served: HADDAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			'D 11. **	7.7	D :	1	Y 4 Y			
	Connecticut De	•				Ŭ			ection	
	Water Q	uality Monit	oring and	d Com	plia	nce S	che	edule		
PWS ID	PWS Name				Classifi	ication	Popu	lation Ow	ner Type	Primary Source
CT061037	74 HADDAM SENIOR CENTI	ER			N	С	2	5	L	GW
Local Add	lress (where applicable)		Service	Resident	ial Co	mmercia	al In	dustrial	Combine	d Agricultural
923 SAYB	ROOK ROAD		Connections			1				
Towns Se	rved: HADDAM				·			,		
		Monito	oring Requ	ireme	nts					
Water Sy	ystem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)							1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitorir	ng Perio	od Co	ollecti	on Period	Comp	liance Status
Sele	ct from Inventory of Active Sam	oling Points		10/1/18 -	12/31/	18			C	omplete
				1/1/19 -	3/31/1	.9			C	omplete
				4/1/19 -	6/30/1	.9				
				7/1/19 -	9/30/1	.9				
Physica	l Parameters (PPS)							1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitorir	ng Perio	od Co	ollecti	on Period	Comp	liance Status
Sele	ct from Inventory of Active Sam	oling Points	:	10/1/18 -	12/31/	18			C	omplete
				1/1/19 -	3/31/1	.9			C	omplete
				4/1/19 -	6/30/1	.9				
				7/1/19 -	9/30/1	.9				
Water Sy	ystem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate	And Nitrite (NOX)							1	routine (RT) per year
Sam	pling Point (Sampling Point ID)			Monitorir	ng Perio	od Co	ollecti	on Period	Comp	liance Status
ENT	RY POINT (3)			1/1/18 - 1	12/31/2	18			C	omplete
				1/1/19 - 1	12/31/2	19			C	omplete
				1/1/20 - 1	12/31/2	20				
	Wate	r System Facili	ty and Sar	npling	Point	t Inve	ntor	у		
Water						То	tal	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coli	form	Copper		Stage
Facility IL	0	ID	Description		Sta	itus R	ule	Rule Tier	Asbesto	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	4	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A	4				
		UPSTREAM	WITHIN 5 SER	VICE CON	I A	4				
00700	ENTRY POINT	3	ENTRY POINT		A	4				
21054	WELL	2	WELL		P	4				
		Con	tact Inforr	nation						
Name		Oı	rganization						Job Title	
	ssa J. Schlag		own of Haddam	າ			Firs	t Selectma		
	ddress Line One	Mailing Address					Ci		State	Zip Code
		1 18 1 15 2 1						•		P 1000

30 Field Park Drive

Mobile Phone

Fax

860-345-3730

Haddam

mschlag@haddam.org

Emergency Phone Email Address

06438

Town Office Buliding

Business Phone

860-345-8531

Extension

Contact Role(s): Legal Contact, Owner

C	onnectic	ut Depa	rtme	nt of	Public	Health	Drir	ıking	, Water	Section		
	Wat	ter Qua	lity M	lonit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID PY	WS Name	ame					Classification P		Population	Owner Type	Primary Source	
СТ0610374 Н	HADDAM SENIOR CENTER				N	С	25	L	GW			
Local Address (who	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultu	
923 SAYBROOK RO	AD				Connection	IS		1				
Towns Served: HAI	DDAM								,		·	
Name				Or	ganization					Job Titl	e	
Ms. Debra Talbot				To	wn of Hadda	am			Custodiar	າ		
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	Zip Code	
30 Field Park Drive								Haddar	m	СТ	06438	
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	y Phone	Email Address				
860-345-8531	208	860-345-	3730					custodi	custodian@haddam.org			
Contact Role(s):	Administrative	Contact	-					1				

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0610394	HADDAM RESTAURANT				NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
1617 SAYBROOK	ROAD	Connections			1				
Towns Served: H	IADDAM					1			

Local Add	dress (where appl	licable)		Service	Residentia	I Comi	mercial	Industrial	Combined	Agricultura
1617 SAY	BROOK ROAD			Connections			1			
Towns Se	rved: HADDAM									
			Monit	oring Requ	irement	:S				
Water Sy	ystem Facility:	DISTRIBUTION S	SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)							1 ro	utine (RT) _I	oer quarter
Sam	pling Point (Sam	pling Point ID)			Monitoring	Period	Coll	ection Period	d Compli	ance Status
Sele	ct from Inventory	ct from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete					mplete			
					1/1/19 - 3/	31/19			Co	mplete
					4/1/19 - 6/	'30/19				
					7/1/19 - 9/	'30/19				
Physical	l Parameters (F	PPS)						1 ro	utine (RT) լ	oer quarter
Sam	pling Point (Sam	pling Point ID)			Monitoring	Period	Coll	ection Period	d Compli	ance Status
Sele	ct from Inventory	of Active Sampling	g Points		10/1/18 - 12	2/31/18	}		Co	mplete
					1/1/19 - 3/	31/19			Co	mplete
					4/1/19 - 6/	'30/19				
					7/1/19 - 9/	'30/19				
Water Sy	ystem Facility:	ENTRY POINT (\	WSF ID: 00700)							
Nitrate .	And Nitrite (N	OX)						1	l routine (R	T) per year
Sam	pling Point (Sam	pling Point ID)			Monitoring	Period	Coll	ection Period	d Compli	ance Status
ENTI	RY POINT (3)				1/1/18 - 12	/31/18			Co	mplete
					1/1/19 - 12	/31/19				
					1/1/20 - 12	/31/20				
			Other C	ompliance	Schedu	les				
Complian	nce Schedule Acti	vity			Du	e Date		Achieved	l Date	
RESPOND	TO SANITARY SU	JRVEY			10/2	26/2011	L			
RESPOND	TO SANITARY SU	JRVEY			4/2	8/2014				
RESPOND	TO SANITARY SU	JRVEY			4/1	1/2019				
		Water S	ystem Facil	ity and Sar	npling P	oint I	nvent	tory		
Water			•	•			Tota		 d	
System	Water System	Facility	Sampling Point	Sampling Poi	nt		Colifo	rm Copper		Stage
Facility IL	D		ID	Description		Statu	s Rul	e Rule Tie	r Asbestos	WQP 2 DBP
00600	DISTRIBUTION S	SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
			DOWNSTREAM	WITHIN 5 SEF	VICE CON	Α				
			UPSTREAM	WITHIN 5 SEF	VICE CON	Α				
00700	ENTRY POINT		3	ENTRY POINT		Α				
21056	WELL		2	WELL		Α				
			Con	tact Inform	mation					
Name				rganization					Job Title	
	ni Matoshi			latoshi, LLC Db	a Haddam P	izza		Owner		
	ddress Line One		Mailing Addres	*				City	State	Zip Code
46476						- l		•		

Mr. Salami Matoshi Matoshi, LLC Dba Haddam Pizza Owner

Mailing Address Line One Mailing Address Line Two City State Zip Code

1617 Saybrook Rd Haddam CT 06438

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

860-345-4472

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		- 0 -		I-				
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0610394	HADDAM RESTAURANT				NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
1617 SAYBROO	K ROAD	Connections			1			

Towns Served: HADDAM

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	•			· ·		ction		
	Water (Quality Monit	oring and C						
PWS ID	PWS Name		Classification Population Owner Type Primary Source						
CT0610424	4 DINOS PIZZA RESTAURA	ANT		NC	25	5	Р	GW	
Local Addr	ress (where applicable)			idential Comn	nercial Inc	dustrial	Combined	Agricultural	
968 KILLIN	IGWORTH ROAD		Connections	:	1				
Towns Ser	ved: HADDAM								
			oring Require	ments					
•	stem Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)						
	liform (3100)							er quarter	
_	oling Point (Sampling Point ID)		Mon	itoring Period	Collection	on Period	Compli	ance Status	
Select	t from Inventory of Active Sam	pling Points		/18 - 12/31/18			Со	mplete	
			1/1,	/19 - 3/31/19			Co	mplete	
			4/1,	/19 - 6/30/19					
			7/1,	/19 - 9/30/19					
Physical	Parameters (PPS)					1 rou	tine (RT) բ	er quarter	
Samp	oling Point (Sampling Point ID))	Mon	itoring Period	Collectio	on Period	Compli	ance Status	
Select	t from Inventory of Active Sam	pling Points	10/1,	/18 - 12/31/18			Co	mplete	
			1/1,	/19 - 3/31/19			Co	mplete	
			4/1,	/19 - 6/30/19					
			7/1,	/19 - 9/30/19					
Water Sys	stem Facility: ENTRY POIN	IT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)					1 r	outine (R	T) per year	
Samp	oling Point (Sampling Point ID))	Mon	itoring Period	Collectio	on Period	Compli	ance Status	
ENTR	Y POINT (3)		1/1/	18 - 12/31/18			Co	mplete	
				19 - 12/31/19				mplete	
				20 - 12/31/20				•	
		Other Co	ompliance Sch						
Compliand	ce Schedule Activity		•	Due Date		Achieved L	Date		
	TO SANITARY SURVEY			6/5/2016					
	Wate	er System Facili	ty and Sampl	ing Point II	nventor	v			
Water		•			Total	Lead and			
	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage	
Facility ID		ID	Description	Status	Rule		Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYS		Υ				
		DOWNSTREAM	WITHIN 5 SERVICE	CON A					
		UPSTREAM	WITHIN 5 SERVICE	CON A					
00700	ENTRY POINT	3	ENTRY POINT	А					
	WELL	2	WELL	А					
		Con	tact Informat	ion					
Name			ganization				Job Title		
Mr. James	Fanis	Di	nos Pizza		Build	ding Owne	r		
					+				

Mailing Address Line One Zip Code Mailing Address Line Two City State 29 Cedar Street Middletown CT 06457 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-347-3522 860-346-4040 Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty Monte	or mg am	u doll	ipiianee i	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0610424	DINOS PIZZA RESTAURANT			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	ial Combine	ed Agricultural
968 KILLINGWO	PRTH ROAD	Connections		1			
Towns Served:	HADDAM						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth l	Drinkin	g V	Vater	Se	ction	
	Water Quality Mor	nitoring an	d Com	pliance	Scl	hedul	e		
PWS ID	PWS Name		(Classification	Po	pulation	Own	ner Type Pr	imary Source
CT0610444	ST PETERS CHURCH			NC		26		Р	GW
Local Address (where applicable)	Service	Residenti	al Commer	Commercial Industria		al	Combined	Agricultural
30 ST PETER'S I	LANE	Connections		1					
Towns Served:	HADDAM	,	1	'			,		
	Mor	nitoring Requ	iremen	ts					
Water System	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Total Colifor	m (3100)					1	rou	tine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring	g Period	Colle	ction Per	iod	Complic	ince Status
Select from	m Inventory of Active Sampling Points		10/1/18 - 1	.2/31/18				Complete	
			1/1/19 - 3	3/31/19				Complete	
			4/1/19 - 6	5/30/19				Cor	mplete
			7/1/19 - 9	/30/19					
Physical Para	ameters (PPS)					1	rou	tine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring	g Period	Colle	ction Per	iod	Complic	ince Status
Select from	m Inventory of Active Sampling Points		10/1/18 - 1	2/31/18				Cor	mplete
			1/1/19 - 3	3/31/19				Cor	mplete

Thysical Falanceers (113)		11000	ine (ivi) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			

water system racinty. ENTRY POINT (WSF ID. 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Nitrito (1041)		1 r	outine (RT) per year

Nitrite (1041)	1 rd	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

	Wa	iter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α			·		
21061	WFLL	2	WFIL	Α					

				Contact Info	ormation							
Name	200 111											
Diocese of Norwich	1											
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code			
203 Broadway						Norwich		СТ	06360			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress					

C	Connectic	ut Depa	rtme	nt of	Public l	Health	Drir	nking	Water	Section	
	Wat	ter Qua	lity M	onite	oring ar	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0610444 S	T PETERS CHUR	CH					N	С	26	Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultural
30 ST PETER'S LAN	IE				Connection	S		1			
Towns Served: HA	DDAM					'					"
Contact Role(s):	Legal Contact, C)wner									
Name				Or	ganization					Job Titl	е
Ms. Deborah G. S	pitzmacher			Ch	urch				Secretary		
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	Zip Code
			P. O. Box	x 707				Higgan	um	СТ	06441
Business Phone	Extension	Fax		Mobil	e Phone I	Emergency	/ Phone	Email A	ddress	,	
860-345-8018		860-354-	4067					stpeterhigganum@yahoo.com			
Contact Role(s):	Administrative	Contact	<u>'</u>								

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departme	nt o	f Puhlic H	ealth Γ)rinki	ing Wa	ater S	ection
	Water Quality N							CCCIOII
PWS ID	PWS Name	10111	corning and		assificat			wner Type Primary Source
CT0610454	106 BRIDGE ROAD - HADDAM				NC		5	P GW
Local Address (v	vhere applicable)		Service	Residentia		nercial In	dustrial	Combined Agricultural
(3	те с принаме,		Connections		1			8
Towns Served: I	HADDAM							
	1	/lonit	oring Requ	irement	ts			
Water System	Facility: DISTRIBUTION SYSTEM	(WSF	ID: 00600)					
Total Coliforn	n (3100)						1 rc	outine (RT) per quarter
Sampling F	Point (Sampling Point ID)		I	Monitoring	Period	Collecti	ion Perio	d Compliance Status
Select from	n Inventory of Active Sampling Points		1	10/1/18 - 12	2/31/18			Complete
				1/1/19 - 3/	/31/19			Complete
				4/1/19 - 6/	/30/19			
				7/1/19 - 9/	/30/19			
Physical Para								outine (RT) per quarter
	Point (Sampling Point ID)			Monitoring		Collecti	ion Perio	•
Select from	Inventory of Active Sampling Points		1	10/1/18 - 12				Complete
				1/1/19 - 3/				Complete
				4/1/19 - 6/				
_				7/1/19 - 9/	/30/19			
-	Facility: ENTRY POINT (WSF ID:	00700						
Nitrate And N								1 routine (RT) per year
	Point (Sampling Point ID)			Monitoring		Collecti	ion Perio	•
ENTRY POI	NT (3)			1/1/18 - 12				Complete
				1/1/19 - 12				Complete
				1/1/20 - 12				
	Ot	her C	ompliance	Schedu	les			
Compliance Sch	edule Activity				e Date		Achieve	d Date
RESPOND TO SA	NITARY SURVEY			4/6	5/2019			
CORRECTIVE AC	TION/CORRECTIVE ACTION PLAN			7/5	5/2019			
	Publ	ic No	tification R	equiren	nents			
		(Compliance	Notice	Publ	ic Notifica	<u>ition</u>	PN Certification
Violation/Situa	tion		Period	Tier	Requi	red Per	formed	Due to DPH Received
-	eters M&R Violation		/17 - 12/31/17	3	3/16/2			3/26/2019
Total Coliform N	Л&R Violation	10/1	/17 - 12/31/17	3	3/16/2	019		3/26/2019
	Water System	Facil	ity and San	npling P	oint Ir	ventor	у	
Water						Total	Lead an	d
•		_	Sampling Poir	nt		Coliform	Coppe	
Facility ID			Description		Status	Rule	Rule Ti	er Asbestos WQP 2 DBPR
00600 DISTI		! 	DISTRIBUTION		A	Y		
			WITHIN 5 SER		Α			
	UPST	REAM	WITHIN 5 SER	VICE CON	Α			

ENTRY POINT

WELL

3

2

00700 ENTRY POINT

WELL

21062

Α

Α

	Connecticut Department	t of Fublic 1.	rearui	וע	HIKIIIE	g vvaler	Secu	OH	
	Water Quality Mo	nitoring an	d Con	ıpl	iance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner T	ype P	rimary Source
CT0610454	106 BRIDGE ROAD - HADDAM				NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Com	bined	Agricultural
		Connections			1				
Towns Served: I	WS Name OG BRIDGE ROAD - HADDAM Pere applicable) Service Connections Connections Contact Information Organization Organization Classification Population Owner Type Primary Science Residential Commercial Industrial Combined Agricult Connections DDAM Contact Information Job Title								
		Contact Infori	mation)					
Name		Organization					Job	Title	
Mr. Salvatore N	1. Adorno								

Connecticut Department of Public Health Drinking Water Section

Fax

Extension

Contact Role(s): A	dministrative	Contact, Leg	al Contact, O	wner					
Name				Organization	1		Job T	itle	
Ms. Delia R. Adorn	0								
Mailing Address Lin	e One		Mailing Addr	ess Line Two		Cit	City State		Zip Code
189 Seaside Avenue	<u>;</u>					Westbrook	СТ		06498
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Addres	SS		

Contact Role(s): Owner

Mailing Address Line One

189 Seaside Avenue

Business Phone

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

860-391-2797

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

City

Westbrook

Emergency Phone Email Address

860-391-2797

State

CT

Zip Code 06498

	(Connection D	onartment of	Dublic U	oolth	Dri	nlring	Ma	ton Ca	action	
	(Connecticut D	•				Ŭ			ection	
DIA/C ID			Quality Monit	oring and	ı Com						Duines m. Course
PWS ID CT061048		PWS Name 986 KILLINGWORTH RD	DI 474				NC	Popula 25	tion Ow	ner Type P	Primary Source GW
		nere applicable)	PLAZA	Service	Resident		ommercia		ustrial	Combine	
986 KILLIN				Connections	Resideiii	tiai Ct	1	al IIIu	ustriai	Combine	u Agriculturai
Towns Se				33			Т				
TOWIIS SE	ived. III	ADDAM	Monite	oring Requ	iromo	nts					
Water Sv	vstem F	acility: DISTRIBUTION				1163					
Total Co		•	SIV STSTEIVI (VVSI I	D. 00000j					1 ro	utine (RT) per quarter
		int (Sampling Point ID))		Monitorii	na Per	iod Co	ollectio	n Period	-	liance Status
		nventory of Active Sam			10/1/18 -						Complete
30.0					1/1/19 -						Complete
					4/1/19 -						
					7/1/19 -						
Physical	l Param	eters (PPS)			, , ,				1 ro	utine (RT) per quarter
_		int (Sampling Point ID))		Monitorii	ng Per	iod Co	ollectio	n Period	=	oliance Status
Seled	ct from	nventory of Active Sam	pling Points		10/1/18 -	12/31	/18			(Complete
					1/1/19 -	3/31/:	19			(Complete
					4/1/19 -	6/30/	19				
					7/1/19 -	9/30/	19				
Water Sy	ystem F	acility: ENTRY POIN	IT (WSF ID: 00700)								
Nitrate A	And Nit	rite (NOX)							1	routine	(RT) per year
Sam	pling Po	int (Sampling Point ID))		Monitorii	ng Per	iod Co	ollectio	n Period	Comp	liance Status
ENT	RY POIN	Т (3)			1/1/18 - 3	12/31/	' 18			(Complete
					1/1/19 - 1	12/31/	'19			(Complete
					1/1/20 - 1	12/31/	'20				
			Other C	ompliance	Sched	ules					
Complian	ice Sche	dule Activity			L	Due Do	ite	A	Achievea	Date	
RESPOND	TO SAN	ITARY SURVEY			4	/14/20)19				
		Wate	er System Facili	ty and Sar	npling	Poin	t Inve	ntory	•		
Water							To	tal L	ead and	1	
System		System Facility	Sampling Point		nt		-		Copper		Stage
Facility II			ID	Description			atus		Rule Tie	r Asbesto	s WQP 2 DBPR
00600	DISTRI	BUTION SYSTEM	4	DISTRIBUTION			A	Y			
			DOWNSTREAM				A				
			UPSTREAM	WITHIN 5 SER	VICE CON	J	Α				
00700	ENTRY	POINT	3	ENTRY POINT			Α				
21065	WELL		2	WELL			A				
			Con	tact Inforr	nation						
Name			0	rganization						Job Title	
Mr. Mich	ael J. Za	nelli	98	36 Killingworth	Rd Plaza			Owne	er/Landl	ord	
Mailing A	ddress L	ine One	Mailing Addres	s Line Two				City	,	State	Zip Code
221 Prain		_					∐iaaan			СТ	06441

Mobile Phone

Higganum

mazanelli@aol.com

Emergency Phone Email Address

860-301-3881

CT

06441

331 Brainard Hill Road

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Business Phone

860-345-8245

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarry Promite	or mig and	a don	ipiianee t	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0610484	986 KILLINGWORTH RD PLAZA			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
986 KILLINGWO	RTH ROAD	Connections		1			
Towns Served: I	HADDAM						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut D	•					_		ection		
		Water (Quality Monit	oring and	d Com	ıplia	ince	Sch	edule			
PWS ID		PWS Name				Classif	fication	n Popu	lation Ov	vner Type	Primar	y Source
CT061049	94	THREE OAKS PLAZA				N	١C	2	25	Р	G	W
Local Add	dress (w	here applicable)		Service	Resident	tial Co	ommer	cial Ir	ndustrial	Combin	ed Agr	icultural
ROUTE 81	1			Connections			1					
Towns Se	rved: H	ADDAM								,	·	
			Monito	oring Requ	iremei	nts						
Water Sy	ystem	Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)								
Total Co	oliform	(3100)							1 ro	utine (R	Γ) per q	uarter
Sam	pling P	oint (Sampling Point ID)	1	Monitorii	ng Peri	iod	Collect	ion Period	d Com	pliance	Status
Selec	ct from	Inventory of Active San	npling Points	1	10/1/18 -	12/31,	/18				Comple	te
					1/1/19 -	3/31/1	19				Comple	te
					4/1/19 -							
					7/1/19 -	9/30/1	19					
_		neters (PPS)							1 ro	utine (R	Γ) per q	uarter
		oint (Sampling Point ID	•		Monitorii			Collect	ion Period		pliance	
Selec	ct from	Inventory of Active San	npling Points	1	10/1/18 -						Comple	
					1/1/19 -						Comple	te
					4/1/19 -							
					7/1/19 -	9/30/1	19					
Water Sy	ystem	Facility: ENTRY POIN	NT (WSF ID: 00700)									
Nitrate A	And N	itrite (NOX)							1	l routine	(RT) pe	er year
Sam	pling P	oint (Sampling Point ID)		Monitorii	_		Collect	ion Period	d Com	pliance	Status
ENTE	RY POIN	IT (3)			1/1/18 - 3						Comple	
					1/1/19 - 1						Comple	te
					1/1/20 - 1	12/31/	20					
			Other Co	ompliance	Sched	ules						
Complian	ice Sche	edule Activity			E	Due Da	ite		Achieved	d Date		
RESPOND	TO SA	NITARY SURVEY			8	3/6/20:	17					
		Wat	er System Facili	ty and San	npling	Poin	t Inv	ento	ry			
Water								Total	Lead and	d		
System		r System Facility	Sampling Point		nt		C	oliform				Stage
Facility ID			ID	Description			atus	Rule	Rule Tie	r Asbest	os WQP	2 DBPR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION			A	Υ				
			DOWNSTREAM	WITHIN 5 SER	VICE CON	1 .	A					
			UPSTREAM	WITHIN 5 SER	VICE CON	1 .	Α					
00700	ENTR'	Y POINT	3	ENTRY POINT			A					
21066	WELL		2	WELL			A					
			Con	tact Inforn	nation							
Name			O	ganization						Job Titl	e	
Mr. Kevin	n Cross,	Dds	Hi	gganum Denta	l Associat	ion						
Mailing A	ddress	Line One	Mailing Address	s Line Two				С	ity	State	Zip	Code
1												

Mobile Phone

Higganum

Emergency Phone Email Address

06441

415 Killingworth Road

Extension

Contact Role(s): Administrative Contact, Owner

Fax

Business Phone

860-345-4538

C	lonnecticu	ıt Depa	irtment of	Public l	Health	Drir	ıking	Water	Section	
	Wat	er Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classifi	cation	Population	Owner Type	Primary Sour
CT0610494 T	HREE OAKS PLA	ZA				NC		25	Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultur
ROUTE 81				Connection	S		1			
Towns Served: HA	DDAM					,				
Name			Oı	Organization Job Title					e	
Mr. Andrew Beck	er		Th	ree Oaks Pla	za			Board Me	ember	
Mailing Address Li	ne One		Mailing Address	s Line Two				City	State	Zip Code
162 West Street							Cromw	ell	СТ	06416
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	ddress		
860-632-3500	200				860-685-	1183				
Contact Role(s):	egal Contact, O	wner	<u>'</u>							

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	lealth	Drin	iking	Wa	ater Se	ection		
	Water Q	uality Monit	oring an	d Com	plia	nce S	che	edule			
PWS ID	PWS Name	<u>J</u>							ner Type	Primary	y Source
CT061051	14 HADDAM TOWN OFFICE	BUILDING			N	С	2	5	L	G	W
Local Add	lress (where applicable)		Service	Resident	ial Co	mmercia	l In	dustrial	Combine	ed Agri	icultural
30 FIELD I	PARK DRIVE		Connections			1					
Towns Se	rved: HADDAM			1				- 1			
		Monito	oring Requ	uiremer	nts						
Water Sy	ystem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Co	oliform (3100)							1 ro	utine (RT) per q	uarter
	pling Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llecti	on Period	=	oliance :	
Selec	ct from Inventory of Active Samp	oling Points		10/1/18 -	12/31/	18			(Complet	te
				1/1/19 -	3/31/1	9				Complet	te
				4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
Physical	Parameters (PPS)							1 ro	utine (RT) per q	uarter
	pling Point (Sampling Point ID)			Monitorin			llecti	on Period	l Com	oliance :	Status
Selec	ct from Inventory of Active Samp	oling Points		10/1/18 -					(Complet	te
				1/1/19 -					(Complet	te
				4/1/19 -							
				7/1/19 -	9/30/1	9					
Water Sy	ystem Facility: ENTRY POIN	Γ (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	routine	(RT) pe	er year
Sam	pling Point (Sampling Point ID)			Monitorin	_		llecti	on Period	l Com	oliance :	Status
ENTF	RY POINT (3)			1/1/18 - 1	12/31/1	18			(Complet	te
				1/1/19 - 1					-	Complet	te
				1/1/20 - 1							
	Wate	r System Facili	ity and Sar	mpling	Point	t Inver	itor	У			
Water						Tot	al	Lead and	1		
System	Water System Facility	Sampling Point		int		Colif		Copper			Stage
Facility ID		ID	Description		Sta			Rule Tie	r Asbesto	s WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		ļ		′				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	ļ ļ	4					
00700	ENTRY POINT	3	ENTRY POINT	•	P	4					
21068	WELL	2	WELL		F	4					
		Con	tact Inform	mation							
Name		0	rganization						Job Title	9	
Ms. Melis	ssa J. Schlag	To	own of Haddan	n			Firs	t Selectma	an		
Mailing A	ddress Line One	Mailing Address	s Line Two				Ci	ty	State	Zip (Code
Town Offi	ice Buliding	30 Field Park D	rive			Haddam	1		СТ	064	438
						1					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Emergency Phone Email Address

mschlag@haddam.org

Mobile Phone

Business Phone

860-345-8531

Extension

Contact Role(s): Legal Contact, Owner

Fax

860-345-3730

C	onnectic	ut Depa	rtme	nt of	Public	Health	Drir	ıking	, Water	Section		
	Wat	ter Qua	lity M	Ionit	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary S	Source
CT0610514 H	ADDAM TOWN	OFFICE BUI	LDING				N	С	25	L	GW	1
Local Address (who	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricu	ultural
30 FIELD PARK DRI	VE				Connection	IS		1				
Towns Served: HA	DDAM											
Name				Or	ganization					Job Titl	e	
Ms. Debra Talbot				То	wn of Hadda	am			Custodiar	1		
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	Zip Co	de
30 Field Park Drive	<u> </u>							Haddar	m	СТ	0643	8
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Address			
860-345-8531	208	860-345-	3730					custodi	ian@hadda	m.org		
Contact Role(s):	Administrative	Contact	, , , , , , , , , , , , , , , , , , ,		"			1				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

C	onnecticut Department o	f Public H	ealth Di	rinking	g Water	Se	ction	
	Water Quality Moni			`				
PWS ID P	WS Name				Population		ner Type Pri	imary Source
	YLERVILLE VILLAGE 2			NC	35		P	GW
Local Address (who	ere applicable)	Service	Residential	Commerc	ial Industri	al	Combined	Agricultura
116 BRIDGE ROAD		Connections		2				
Towns Served: HA	DDAM							
	Moni	toring Requ	irements	;				
Water System Fa	acility: DISTRIBUTION SYSTEM (WSF							
Asbestos (1094)				1 ro	utin	e (RT) per	nine years
Sampling Poi	nt (Sampling Point ID)		Monitoring P	Period (Collection Pe			nce Status
Select from Ir	nventory of Active Sampling Points		1/1/11 - 12/3	31/13	1/1-12/31	<u> </u>		
Total Coliform	(3100)				1	rou	tine (RT) p	er quarter
Sampling Poi	nt (Sampling Point ID)		Monitoring P	Period (Collection Pe	riod	Complia	ince Status
Select from Ir	nventory of Active Sampling Points	:	10/1/18 - 12/	31/18			Cor	mplete
			1/1/19 - 3/3	1/19			Cor	mplete
			4/1/19 - 6/3	0/19				
			7/1/19 - 9/3	0/19				
Physical Parame	eters (PPS)				1	rou	tine (RT) p	er quarter
Sampling Poi	nt (Sampling Point ID)		Monitoring P	Period (Collection Pe	riod	Complia	ance Status
Select from Ir	nventory of Active Sampling Points		10/1/18 - 12/	31/18			Cor	mplete
			1/1/19 - 3/3				Cor	mplete
			4/1/19 - 6/3					
			7/1/19 - 9/3	0/19				
Water System Fa	acility: ENTRY POINT (WSF ID: 00700	0)						
Nitrate And Niti	• •						-	T) per year
	nt (Sampling Point ID)		Monitoring P		Collection Pe	riod	-	ince Status
ENTRY POINT	(3)		1/1/18 - 12/3				Cor	mplete
			1/1/19 - 12/3					
			1/1/20 - 12/3			_		
	Monthly Water System Fac	ility (WSF) L	evel Mor	nitoring	Require	me	nts	
Water System Fa	acility: ENTRY POINT (WSFID: 00700))						
Analyte	Monitoring Requirement (Sumr	mary Type)	Operation	ng Limit			Samples Re	q/Month
рН	Entry Point pH Monitoring (PHR	•	Minimur	m: 7 PH			4	
Start Date: 6/	/1/2014	•	nce History:	0	perating Lim	it	Monitori	_
			ing Period		ompliance St	atus	Complia	nce Status:
			18 - 11/30/20					N
			18 - 12/31/20					N
			9 - 1/31/2019					N
			9 - 2/28/2019					N
			9 - 3/31/2019					
			9 - 4/30/2019					
		Compliance						
Compliance Sched	ule Activity		Due	Date	Achie	ved	Date	

CROSS CONNECTION EXEMPTION

Public Notification Requirements

Compliance Period Notice Public Notification Position Performed Due to DPH Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0610534	TYLERVILLE VILLAGE 2				NC	35	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
116 BRIDGE RC)AD	Connections			2			

Towns Served: HADDAM

Public	Notification R	equiren	nents			
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certif	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	1/1/11 - 3/31/11	2	3/23/2012		4/2/2012	
Distribution Color MCL Violation	10/1/11 - 12/31/11	2	3/23/2012		4/2/2012	
Distribution Color MCL Violation	7/1/11 - 9/30/11	2	3/23/2012		4/2/2012	
Distribution Color MCL Violation	4/1/11 - 6/30/11	2	3/23/2012		4/2/2012	
Distribution Color MCL Violation	1/1/11 - 3/31/11	2	3/23/2012		4/2/2012	
Distribution Turbidity MCL Violation	10/1/11 - 12/31/11	2	3/23/2012		4/2/2012	
Distribution Turbidity MCL Violation	7/1/11 - 9/30/11	2	3/23/2012		4/2/2012	
Distribution Turbidity MCL Violation	4/1/11 - 6/30/11	2	3/23/2012		4/2/2012	
Distribution Color MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012	
Distribution Turbidity MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012	
Distribution Color MCL Violation	7/1/12 - 9/30/12	2	12/1/2012		12/11/2012	
pH M&R Violation	6/1/14 - 6/30/14	3	8/4/2015		8/14/2015	
pH M&R Violation	7/1/14 - 7/31/14	3	9/22/2015		10/2/2015	
pH M&R Violation	8/1/14 - 8/31/14	3	11/3/2015		11/13/2015	
pH M&R Violation	9/1/14 - 9/30/14	3	11/6/2015		11/16/2015	
pH M&R Violation	11/1/14 - 11/30/14	3	1/9/2016		1/19/2016	
pH M&R Violation	10/1/14 - 10/31/14	3	1/9/2016		1/19/2016	
pH M&R Violation	1/1/15 - 1/31/15	3	3/5/2016		3/15/2016	
pH M&R Violation	12/1/14 - 12/31/14	3	3/5/2016		3/15/2016	
pH M&R Violation	2/1/15 - 2/28/15	3	4/15/2016		4/25/2016	
pH M&R Violation	3/1/15 - 3/31/15	3	4/27/2016		5/7/2016	
pH M&R Violation	4/1/15 - 4/30/15	3	5/31/2016		6/10/2016	
pH M&R Violation	5/1/15 - 5/31/15	3	7/8/2016		7/18/2016	
pH M&R Violation	6/1/15 - 6/30/15	3	8/3/2016		8/13/2016	
pH M&R Violation	7/1/15 - 7/31/15	3	9/16/2016		9/26/2016	
pH M&R Violation	8/1/15 - 8/31/15	3	10/25/2016		11/4/2016	
pH M&R Violation	9/1/15 - 9/30/15	3	12/17/2016		12/27/2016	

Water System Facility and Sampling Point Inventory

Water System	Water System Facility		Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	3	WS2692-14	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21069	WELL 1	2	WELL 1	Α					_
55854	PRESSURE STORAGE								
58631	VILLAGE 2 TREATMENT PLANT								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Mon	itoring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0610534	TYLERVILLE VILLAGE 2				NC	35	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
116 BRIDGE ROA	AD			2				

Connecticut Department of Public Health Drinking Water Section

Towns Served: HADDAM

			Cert	ified Operat	or Information)			
Water System Fac	cility: DISTR	IBUTION SY	YSTEM (WSF ID: 00600)					
Facility Classification	n: SMALL WA	TER SYSTEM	1						Certification
Operator Name			Operat	or Type	Certification(s)				Expiration
WADGE, ELIZABETH	LISA		CHIEF OF	PERATOR	SMALL WATER SYS	TEM OPE	RATOR		9/30/2020
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Elizabeth Lisa V	Vadge			Hcpd LLC			Member		
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code
101 Town Woods R	d P. O. Box 29	2				Old Lym	e	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-304-0995					860-345-7771	lwadge@	att.net		
Contact Role(s): A	dministrative	Contact							
Name				Organization	1			Job Title	
Lafayette Realty Co	mpany								
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code
43 Lafayette St						Waterbu	ıry	СТ	06708
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
Contact Role(s): O	wner								
Name				Organization	1			Job Title	
Mr. Michael J Devir	10			Lafayette Re	alty Company		President		
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code
364 Georgetown Dr	ive					Waterto	wn	СТ	06795
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
Contact Role(s): Le	gal Contact								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partment of	Public H	ealth Di	rinki	ng W	Vater	Se	ction	
	Water O	uality Monit	oring and	d Compl	iance	e Scł	nedul	e		
PWS ID	PWS Name	<u> </u>	<u> </u>		ssificatio				er Type Pri	imary Source
CT0614024	201 SAYBROOK ROAD				NC		25		Р	GW
Local Address (\	where applicable)		Service	Residential	Comme	ercial	Industria	al	Combined	Agricultural
			Connections		1					
Towns Served: I	HADDAM					'				
		Monito	oring Requ	irements	}					
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Coliforn	n (3100)						1	rou	tine (RT) p	er quarter
	Point (Sampling Point ID)		ı	Monitoring P	Period	Colle	ction Per	iod	Complia	ince Status
Select fron	n Inventory of Active Samp	ling Points		.0/1/18 - 12/	31/18				Cor	nplete
				1/1/19 - 3/3					Cor	nplete
				4/1/19 - 6/3						
				7/1/19 - 9/3	0/19					
Physical Para	• •									er quarter
	Point (Sampling Point ID)			Monitoring P		Colle	ction Per	iod		ince Status
Select fron	n Inventory of Active Samp	ling Points		0/1/18 - 12/						nplete
				1/1/19 - 3/3					Cor	nplete
				4/1/19 - 6/3						
				7/1/19 - 9/3	0/19					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (1040	•						1	rou		er quarter
	Point (Sampling Point ID)			Monitoring P		Colle	ction Per	iod		ince Status
ENTRY POI	NT (3)		-	.0/1/18 - 12/						nplete
				1/1/19 - 3/3					Cor	nplete
				4/1/19 - 6/3						
				7/1/19 - 9/3	0/19					
Nitrate And N	•								routine (R	Γ) per year
Sampling I	Point (Sampling Point ID)			Monitoring P		Colle	ction Per	riod	Complia	ınce Status
ENTRY POI	NT (3)			1/1/18 - 12/3	-					nplete
				1/1/19 - 12/3					Cor	nplete
				1/1/20 - 12/3						
		Other C	ompliance	Schedule	es					
Compliance Sch	nedule Activity			Due	Date		Achiev	ved L	Date	
RESPOND TO SA	ANITARY SURVEY			9/20/	/2008					
CROSS CONNEC	TION SURVEY REPORT			3/1/	2023					
	Wate	r System Facili	ty and San	npling Po	int In	vent	ory			
Water						Total	Lead o	and		
	er System Facility	Sampling Point		nt		Colifori				Stage
Facility ID		ID	Description		<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

ENTRY POINT

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL #1

UPSTREAM

3

2

00700 ENTRY POINT

WELL #1

TREATMENT PLANT

PRESSURE TANK

52977

52981

52983

Α

Α

Α

Α

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0614024	201 SAYBROOK ROAD				NC	25	Р	GW				
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
		Connections			1							

Contact Information

Connecticut Department of Public Health Drinking Water Section

Name				Organization		Job Title			
Mr. Ralph Vynalek						Owner			
Mailing Address Line	e One		Mailing Add	ress Line Two			City	State	Zip Code
			827 Higganu	m Road		Durham		CT	06422
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress		
860-349-8652					860-349-8652				
Contact Role(s): Le	gal Contact, C)wner	·						
Name				Organization				Job Title	
Ms. Fiona P. Watts				Great Americ	can Donut, Inc.		Controller		
Mailing Address Line	e One		Mailing Add	ress Line Two			City	State	Zip Code
100 East Main Stree	t					Plainville	2	СТ	06062
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress		
860-793-6955	227					fiona@g	adonut.com		

Please note the following:

Contact Role(s): Administrative Contact

Towns Served: HADDAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of	Public H	lealth	Dı	rinking	water	Section	1
	Water Quality Monit				_			
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0614034	THE RIVERHOUSE AT GOODSPEED STATION				NC	304	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	ommercial Industria		ned Agricultura
57 BRIDGE ROAI)	Connections			1			
Towns Served: H	IADDAM					·	·	
	Monito	oring Requ	iireme	nts				
Water System	Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)						
Total Coliform	ı (3100)					1	routine (R	T) per quarter
Sampling P	Point (Sampling Point ID)		Monitori	ing P	eriod C	ollection Pe	riod Con	npliance Status

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
1,4-Dioxane (2049)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		•
	7/1/19 - 9/30/19		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		·
	1/1/20 - 12/31/20		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		· ·
	7/1/19 - 9/30/19		
Other Compli	ance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	3/1/2013		
RESPOND TO SANITARY SURVEY	4/17/2014		
Water System Facility and		ventory	

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
RESPOND TO SANITARY SURVEY	3/1/2013								
RESPOND TO SANITARY SURVEY	4/17/2014								

				./ /					
		Water System Facili	ity and Samp	ling Point I	nvento	ry			
Water					Total	Lead and			_
System	Water System Facility	Sampling Point	Sampling Point		-	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	1 4	DISTRIBUTION	Α					

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0614034	THE RIVERHOUSE AT GOODSPEED STATION				NC	304	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
57 BRIDGE ROA	D	Connections			1			

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
53420	WELL 1	2	WELL 1	Α								
53424	TREATMENT PLANT											
53426	ATMOSPHERIC TANKS											

Contact Information												
Name				Organization	Organization			Job Title				
Mr. Trevor Furrer				Riverhouse P	Riverhouse Properties, LLC							
Mailing Address Lin	e One		Mailing Ad	dress Line Two	ess Line Two			State	Zip Code			
55 Bridge Road					Haddar			СТ	06438			
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Address						
			2	203-948-0740								

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	/S ID PWS Name				ssification	Population	Owner Type	Primary Source			
CT0614053	TYLERVILLE VILLAGE 1			NC	35	Р	GW				
Local Address (w	Service	Residen	tial	Commercia	al Industria	al Combine	d Agricultural				

Connections

1

1610 SAYBROOK ROAD
Towns Served: HADDAM

Towns Served: HADDAM						
Monitorin	g Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)					
Asbestos (1094)		1 routine	(RT) per nine years			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/13	1/1-12/31				
Total Coliform (3100)		1 routine (RT) per quar				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Physical Parameters (PPS)		1 rout	ine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19					
	1/1/20 - 12/31/20					
Other Comp	oliance Schedules					
Compliance Schedule Activity	Due Date	Achieved D	ate			
CROSS CONNECTION EXEMPTION	3/1/2015					

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
55165	WELL 2	2	WELL 2	Α								
55852	PRESSURE STORAGE											
58629	VILLAGE 1 TREATMENT PLANT											

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name

Operator Type

Certification(s)

Expiration

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	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Classification	Pop	oulation	Owner Type	Primary Source			
CT0614053 TYLERVILLE VILLAGE 1					NC 35		Р	GW			
Local Address (w	Service	Residen	itial Comme	Commercial Ind		al Combine	ed Agricultural				
1610 SAYBROOK ROAD		Connections		1							

Connecticut Department of Public Health Drinking Water Section

			Certifie	d Operate	or Information	١			
WADGE, ELIZABETH	LISA		CHIEF OPERA	TOR	SMALL WATER SYS	тем оре	RATOR		9/30/2020
			Co	ntact Info	ormation				
Name				Organization			Job Title		
Ms. Elizabeth Lisa V	Vadge			Hcpd LLC Member					
Mailing Address Line	e One	Mailing Address Line Two City State Zi						Zip Code	
101 Town Woods Ro	d P. O. Box 29	2				Old Lyme CT 0			06371
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	Email Address		
860-304-0995					860-345-7771	lwadge@	att.net		
Contact Role(s): Ac	lministrative	Contact, Leg	al Contact						
Name				Organization			Job Title		
Hcpd LLC									
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code
1610 Saybrook Rd						Haddam		СТ	06371
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	e Email Address			
Contact Role(s): Ov	wner								

Please note the following:

Towns Served: HADDAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth	D	rinking	Water	Section	on	
	Water Quality Mon	itoring and	d Con	npl	liance S	chedul	e		
PWS ID	PWS Name			-				/pe Pr	imary Source
CT0614054	HADDAM COMMONS				NC	200	Р		GW
Local Address (w	where applicable)	Service	Residen	tial	Commercia	al Industria	al Com	bined	Agricultural
		Connections			1				
Towns Served: H	HADDAM								
	Mon	itoring Requ	ireme	nts	5				
Water System	Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)							
Total Coliform	ı (3100)					1	routine	(RT) p	er quarter
Sampling P	Point (Sampling Point ID)		Monitori	ing F	Period Co	ollection Per	riod C	ompli	ance Status
Select from	Inventory of Active Sampling Points		10/1/18 -	- 12/	/31/18			Co	mplete
			1/1/19 -	- 3/3	31/19			Co	mplete
			4/1/19 -	- 6/3	80/19				
			7/1/19 -	- 9/3	80/19				
Physical Parar	meters (PPS)					1	routine	(RT) p	er quarter
Sampling P	Point (Sampling Point ID)		Monitori	ing F	Period Co	ollection Per	riod C	ompli	ance Status
Select from	Inventory of Active Sampling Points		10/1/18 -	- 12/	/31/18			Co	mplete
			1/1/19 -	- 3/3	31/19			Co	mplete
			4/1/19 -	- 6/3	80/19	<u> </u>			
			7/1/19 -	9/3	80/19				
Water System	Facility: ENTRY POINT (WSF ID: 0070	0)							

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Organic Chemicals (VOCS)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility: WELL 1 (WSF ID: 56947)						
E. Coli (3014)		1 routine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
WELL 1 (2)	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
56947	WELL 1	2	WELL 1	Α							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

)	0. 0 0 11.	P	9 0 1 2 0 01 011		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0614054	HADDAM COMMONS			NC	200	Р	GW
Local Address (v	vhere applicable)	Service	Resident	tial Commerci	ial Industri	al Combine	ed Agricultural
		Connections		1			

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR	
56951	TREATMENT PLANT									
56953	PRESSURE TANK									

Contact Information										
Name				Organization	1	Job Title				
Mr. Michael Epright				Haddam Con	Haddam Commons					
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code		
P.O. Box 248			98 Bridge Ro	ad Hadd				СТ	06438	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	hone Email Address				
860-345-7545						attyep@aol.com				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

					.				
		ut Department of ter Quality Monit						ection	
PWS ID	PWS Name	to Constitution of the Con	0 -		_			ner Type P	rimary Sourc
CT061406	4 HADDAM VOLU	NTEER FIRE STATION #1			NC		25	L	GW
Local Add	ress (where applicable)		Service	Resident	ial Com	mercial	Industrial	Combined	Agricultura
439 SAYBI	ROOK RD		Connections					1	
Towns Ser	ved: HADDAM		'	1	'				
		Monit	oring Requ	ıiremeı	nts				
Water Sy	stem Facility: DIST	RIBUTION SYSTEM (WSF	D: 00600)						
Total Co	liform (3100)						1 ro	utine (RT)	per quarter
Sam	oling Point (Sampling P	Point ID)		Monitorin	ng Period	l Collec	ction Period	l Compli	ance Status
Selec	t from Inventory of Act	tive Sampling Points		10/1/18 -	12/31/18	3		Co	mplete
				1/1/19 -	3/31/19			Co	mplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
	oling Point (Sampling P	<u> </u>		Monitorir			ction Period	l Compli	ance Status
Selec	t from Inventory of Act	tive Sampling Points		10/1/18 -		3		Co	mplete
				1/1/19 -				Со	mplete
				4/1/19 -					
				7/1/19 -	9/30/19				
Water Sy	stem Facility: ENTR	Y POINT (WSF ID: 00700)							
	And Nitrite (NOX)							=	T) per year
	oling Point (Sampling P	Point ID)		Monitorir			ction Period		ance Status
ENTR	RY POINT (3)			1/1/18 - 1					mplete
				1/1/19 - 1				Со	mplete
				1/1/20 - 1					
		Water System Facil	ity and Sai	mpling	Point I	Invento	ory		
Water						Total	Lead and	1	
System	Water System Facility			nt		Coliforn			Stage
Facility ID		ID	Description		Statu	_{IS} Rule	Rule Tie	r Asbestos	WQP 2 DBP
00500	WELL #1	2	WELL #1		Α				
00600	DISTRIBUTION SYSTEM		DISTRIBUTIO		Α	Υ			
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SEF						
00700	ENTRY POINT	3	ENTRY POINT	•	Α				
58277	WELL #2	2	WELL #2		Α				
		Cor	tact Infor	mation					
Name		0	rganization					Job Title	
Ms. Melis	sa J. Schlag	T	own of Haddan	n		Fi	rst Selectm	an	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mailing Address Line Two

Mobile Phone

30 Field Park Drive

Fax

860-345-3730

Mailing Address Line One

Extension

Contact Role(s): Legal Contact, Owner

Town Office Buliding

Business Phone

860-345-8531

State

СТ

Zip Code

06438

City

mschlag@haddam.org

Haddam

Emergency Phone Email Address

(Lonnectic	ut Depa	irtme	nt of	Public.	Health	Dri	nking	water	Section	
	Wa	ter Qua	lity M	Ionit	oring ar	nd Con	nplia	ince S	Schedul	le	
PWS ID	PWS Name						Classi	fication	Population	Owner Type	Primary Source
CT0614064	HADDAM VOLU	NTEER FIRE	STATION	#1			ľ	NC .	25	L	GW
Local Address (wh	ocal Address (where applicable) Service					Resider	ntial Co	ommercia	mmercial Industrial		ed Agricultural
439 SAYBROOK RD					Connection	S				1	
Towns Served: HA	ADDAM					,					
Name				Or	ganization			Job Title			
Ms. Debra Talbot	ţ			То	Town of Haddam			Custodian			
Mailing Address L	ine One		Mailing	Address	Line Two				City	State	Zip Code
30 Field Park Driv	е							Haddar	n	СТ	06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	e Email Address			
860-345-8531	208	860-345-	3730					custodian@haddam.org			
Contact Role(s):	Administrative	Contact									

Constant Description of CD Islands Date Islands Manager

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
CT0614074	SAYBROOK ROAD LLC			NC	NC 27		GW		
Local Address (where applicable) Service Res				ntial Commer	cial Industr	rial Combin	ed Agricultural		
1627 SAYBROO	K RD		1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: HADDAM

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)	1 routine (RT) per qu								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18								
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18								
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								
Organic Chemicals (VOCS)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	11/13/2019	3/19/2019	11/23/2019	3/19/2019				
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	11/13/2019	3/19/2019	11/23/2019	3/19/2019				
E. Coli M&R Violation	6/25/18 - 7/1/18	3	11/13/2019	3/19/2019	11/23/2019	3/19/2019				

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP .	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
59130	WELL 1	2	WELL 1	Α								

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Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0614074	SAYBROOK ROAD LLC				NC	27	Р	GW		
Local Address (where applicable) Service Reside				ntial	Commerci	al Industri	al Combine	ed Agricultural		
1627 SAYBROOK RD Connections					1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: HADDAM

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
59499	SAYBROOK ROAD TREATMENT STATION										
59501	BLADDER TANK										

	Certified Operate	or Information						
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 00600)							
Facility Classification:						Certification		
Operator Name	Operator Type	Certification(s)				Expiration		
RADICCHI, PAUL J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III 6/30/						
		WATER TREATMEN	T PLANT	OPERATOR -	CLASS II	12/31/2020		
Water System Facility:	SAYBROOK ROAD TREATMENT STATION	(WSF ID: 59499)						
Facility Classification:						Certification		
Operator Name	Operator Type	Certification(s)				Expiration		
RADICCHI, PAUL J.	CHIEF OPERATOR	DISTRIBUTION SYST	EM OPER	RATOR - CLAS	SS III	6/30/2021		
		WATER TREATMEN	T PLANT	OPERATOR -	CLASS II	12/31/2020		
	Contact Inf	ormation						
Name	Organization	<u> </u>			Job Title			
Ms. Robin Maule	Saybrook Ro	ad LLC						
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Extension

Please note the following:

49 Hamilton Drive

Business Phone

860-670-1041

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Berlin

robin.maule@comcast.net

Emergency Phone Email Address

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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C	, CD 11: II	lel r	1 .	XAZ 4 C		
Connecticut Departmen			_		ection	
Water Quality M	onitoring and	d Comp	oliance S	<u>Schedule</u>		
PWS ID PWS Name		С	lassification	Population O	wner Type Pr	imary Source
CT0614084 THE HADDAM NECK FAIR ASSOCIATION			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	l Commerci	al Industrial	Combined	Agricultural
26 QUARRY HILL ROAD	Connections		2			
Towns Served: HADDAM						
M	onitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				2 ו	outine (RT)	per month
Sampling Point (Sampling Point ID)	I	Monitoring	Period C	ollection Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		4/1/19 - 4,	/30/19			
		5/1/19 - 5,	/31/19			
		6/1/19 - 6,	/30/19			
		7/1/19 - 7,	/31/19			
		8/1/19 - 8,	/31/19			
		9/1/19 - 9,	/30/19			
Physical Parameters (PPS)				2 ו	outine (RT)	per month
Sampling Point (Sampling Point ID)	ı	Monitoring	Period C	ollection Perio	d Compli	ance Status
DISTRIBUTION SYSTEM (4)		4/1/19 - 4,	/30/19			
		5/1/19 - 5,	/31/19			
		6/1/19 - 6,	/30/19			
		7/1/19 - 7,	/31/19			
		8/1/19 - 8,	/31/19			
		9/1/19 - 9,				
Water System Facility: ENTRY POINT WELL #2 CO	OW BARN WELL (W	/SF ID: 007	700)			
Nitrate And Nitrite (NOX)					1 routine (R	
Sampling Point (Sampling Point ID)	ı	Monitoring	Period C	ollection Perio	d Compli	ance Status
ENTRY POINT WELL #2 COW BARN WELL (3)		1/1/18 - 12			Co	mplete
		1/1/19 - 12	2/31/19			
		1/1/20 - 12	2/31/20			
Water System Facility: ENTRY POINT WELL #1 O	FFICE WELL (WSF II	D: 00701)				
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio	d Compli	ance Status
ENTRY POINT WELL #1 OFFICE WELL (3)		1/1/19 - 12	/31/19		<u> </u>	
		1/1/20 - 12	2/31/20			
Oth	er Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achieve	d Date	
SEASONAL START UP COMPLETION		4/:	1/2019			
Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>otification</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Nitrate And Nitrite M&R Violation	1/1/15 - 12/31/15	2	- / - /		2/11/2016	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/17 - 4/30/18	2	2/4/2016 7/30/2017		2/14/2016 8/9/2017	

Water			Total	Lead and	
System Water System	Facility Sampling Point	nt Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Status Rule	Rule Tier Asbestos	WQP 2 DBPR

Water System Facility and Sampling Point Inventory

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source		
CT0614084	THE HADDAM NECK FAIR ASSOCIATION, INC	••			NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural	
26 QUARRY HIL	L ROAD	Connections			2				

			Water S	ystem Fa	cilit	y and S	ampling F	oint	t Inv	ento	ry		
Water System Facility ID		ystem Facility		Sampling Po		Sampling I Description		Sta		Total oliform Rule		Asbestos	Stage WQP 2 DBPF
00600	DISTRIBU	JTION SYSTEM	1	4	[DISTRIBUT	ION SYSTEM	ļ					
				DOWNSTRE	AM V	WITHIN 5 S	SERVICE CON	A	A				
				UPSTREAM	√l V	WITHIN 5 S	SERVICE CON	Þ	A				
00700	ENTRY P BARN W	OINT WELL #2 ELL	COW	3	E	NTRY POI	NT WELL #2	Þ	4				
00701	ENTRY P WELL	OINT WELL #1	OFFICE	3	E	NTRY POI	NT WELL #1	Þ	4				
59436	WELL #2	COW BARN V	VELL	2	٧	WELL #2 C	OW BARN WE	L A	4				
59438	BLADDE BARN W	R TANK WELL ELL	#2 COW										
61262	WELL #1	OFFICE WELL		2	٧	WELL #1 O	FFICE WELL	Þ	4				
61264	BLADDE WELL	R TANK WELL	#1 OFFICE										
				С	onta	act Info	rmation						
Name					Orga	anization						Job Title	
Haddam N	leck Fair	Association											
Mailing Ad	ldress Lin	e One		Mailing Add	lress L	ine Two				С	ity	State	Zip Code
				P O Box 48					Midd	lle Hado	dam	CT	06456
Business	Phone	Extension	Fax	N	lobile	Phone	Emergency P	hone	Emai	l Addre	SS		
Contact Ro	ole(s): O	wner											
Name	'				Orga	anization						Job Title	
Mr. David	Tozier				The	Haddam	Neck Fair Assr	ı,Inc.		Pre	sident		
Mailing Ad	ldress Lin	e One		Mailing Add	lress L	ine Two				С	ity	State	Zip Code
23 Olmste	ad Road								East	Haddar	n	СТ	06423
Business 860-26		Extension	Fax	N	lobile	Phone	Emergency P	hone	Emai	l Addre	SS		
		gal Contact											
Name)ie(s). Le	gai Contact			Org	anization						Job Title	
Mr. Wayn	oM Rut	tv					Fair Assoc. In					JOD TILLE	
Mailing Ad				Mailing Add			1 dii 73300. III				ity	State	Zip Code
26 Quarry				P. O. Box 22		-1110 1 000			Mide	dle Hado	-	CT	06424
Business		Extension	Fax			Phone	Emergency P	hone				Ci	00-72-7
860-26		Exterior	i ux	14	.55110		-merbency i				y@msn.net	t	
		 dministrative	Contact				<u> </u>		- /-		, =		

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarry 1.10111t	or mg am	a don	ipiidiiee	Jeneau.	10	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0614084	THE HADDAM NECK FAIR ASSOCIATION, INC.				25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industr	ial Combin	ed Agricultural
26 QUARRY HIL	LROAD	Connections		2			
Tauras Camradi I	IADDAM		•	'		<u>'</u>	

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section									
	Water Quality Moni	itoring and	d Con	npliance	Schedul	e			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
CT0614104	1564 SAYBROOK ROAD			NC 30		Р	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural		
		Connections		1					
Towns Served: I	IADDAM			'	'	'			

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)								
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18								
	1/1/19 - 3/31/19								
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18								
	1/1/19 - 3/31/19								
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								
Other C	ompliance Schedules								

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 1/8/2017

Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certif	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	11/13/2019		11/23/2019					
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	11/20/2019		11/30/2019					
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/11/2020		2/21/2020					
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/11/2020		2/21/2020					

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
60025	WELL 1564	2	WELL 1564	Α								
60029	BLADDER TANK											

T0614104	1564 SAYBROOK ROAD	NC	30	Р	GW						
WS ID	PWS Name	Classification	Population	Owner Type	Primary Source						
Water Quality Monitoring and Compliance Schedule											
	Connecticut Department of Public Health Drinking Water Section										

Connections

Residential Commercial

1

Industrial

Combined

Agricultural

Service

Towns Served: HADDAM

Local Address (where applicable)

PV

Contact Information											
Name				Organization		Job Title					
Ms. Lisa Wadge				Hwga LLC							
Mailing Address Line One Mailing Addr			ess Line Two			City	State	Zip Code			
P.O. Box 292						Old Lyme		СТ	06371		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address					
860-304-0995						lwadge@	att.net				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

				D 11. Y	. 1.1 D	1 .	_	A.V	2	
	Connecticut Do	•								
	Water Q	Quality Mo	onito	oring an	d Comp	olianc	e Sc	hedule	9	
PWS ID	PWS Name				Cl	lassificati	on Po	pulation	Owner Type	Primary Sour
CT0614114	66 KILLINGWORTH ROA	AD HIGGANUM				NC		25	Р	GW
Local Address	(where applicable)			Service	Residentia	l Comm	ercial	Industria	Combine	ed Agricultu
66 KILLINGW	ORTH ROAD			Connections					1	
Towns Served	l: HADDAM									
		M	onito	ring Requ	uirement	ts				
Water Syste	m Facility: DISTRIBUTION	ON SYSTEM (WSF ID	: 00600)						
Total Colifo	rm (3100)							1	routine (R1) per quarte
Samplin	g Point (Sampling Point ID))			Monitoring	Period	Coll	ection Peri	od Com	pliance Status
Select fro	om Inventory of Active Sam	pling Points			10/1/18 - 12	2/31/18				Complete
					1/1/19 - 3/	/31/19				
					4/1/19 - 6/	/30/19				
					7/1/19 - 9/	/30/19				
Physical Par	rameters (PPS)							1	routine (R1) per quarte
Samplin	g Point (Sampling Point ID))			Monitoring	Period	Coll	ection Peri	od Com	pliance Status
Select fro	om Inventory of Active Sam	pling Points			10/1/18 - 12	2/31/18				Complete
					1/1/19 - 3/					
					4/1/19 - 6/	/30/19				
					7/1/19 - 9/	/30/19				
Water Syste	m Facility: ENTRY POIN	IT (WSF ID: 00	0700)							
	Nitrite (NOX)								1 routine	(RT) per yea
Samplin	g Point (Sampling Point ID))			Monitoring	Period	Coll	ection Peri	od Com	pliance Status
ENTRY P	OINT (3)				1/1/18 - 12	/31/18				Complete
					1/1/19 - 12	/31/19				
					1/1/20 - 12	/31/20				
		Public	Noti	fication R	Requirem	nents				
			Со	mpliance	Notice	<u>Publ</u>	ic Noti	<u>fication</u>	PN C	<u>ertification</u>
Violation/Situ	uation			Period	Tier	Requir	red	Performed	Due to Di	PH Received
Total Coliforn	n M&R Violation		7/1/1	18 - 9/30/18	3	11/13/2	2019		11/23/20	19
Physical Parai	meters M&R Violation		7/1/1	18 - 9/30/18	3	11/20/2	2019		11/30/20	19
	Wate	er System F	Facilit	y and Sai	mpling P	oint In	vent	tory		
Water							Tota	l Lead a	nd	
•	ater System Facility			Sampling Poi	int		Colifo			Stag
Facility ID		ID		Description		Status	Rule	e Rule T	ier Asbesto	os WQP 2 DB
00600 DIS	STRIBUTION SYSTEM	4		DISTRIBUTIO		Α	Υ			
				WITHIN 5 SEF		Α				
		UPSTRE	AM	WITHIN 5 SEF	RVICE CON	Α				

00700 ENTRY P	OINT		3	ENTRY PC	DINT A	4		
60985 WELL 1			2	WELL 1	A	4		
				Contact Inf	ormation			
Name				Organization	1		Job Title	
Mr. Jeffrey Polke				Polke Grace	Associates			
Mailing Address Lir	ie One		Mailing A	ddress Line Two		City	State	Zip Code
			66 Killingv	vorth Rd		Higganum	СТ	06441
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
					860-221-5015			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health	Drinking	g Water	Section						
	Water Quality Monitoring and Compliance Schedule									
ID	PWS Name	Classification	Population	Owner Type	Prima					

PWS ID PWS Name C					Population	Owner Type	Primary Source
CT0614114	66 KILLINGWORTH ROAD HIGGANUM	NC	25	Р	GW		
Local Address (where applicable)		Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
66 KILLINGWORTH ROAD		Connections				1	

Contact Role(s): Administrative Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule